

Eve's Weekly

RS. 1.50

Focus On
HEALTH AND
FAMILY WELFARE

RURAL
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CARE —
A Tragedy
of Women
and Children
FAMILY
PLANNING —
Subjected
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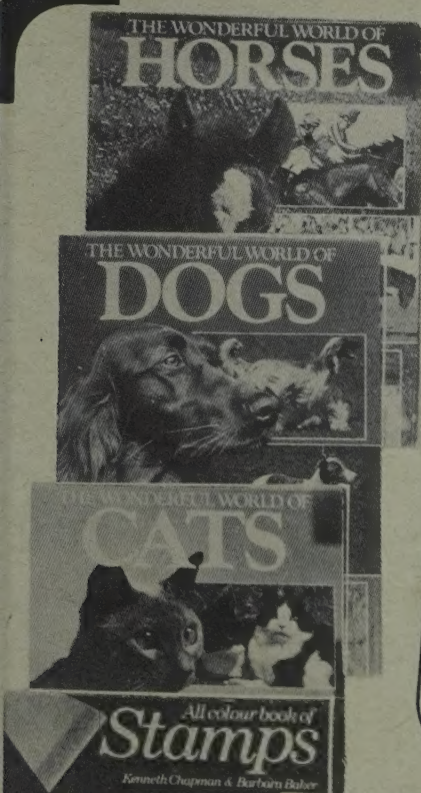
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RAINA MENDONCA

An up-and-coming model, 21 year-old, tall and attractive Raina has one problem: wanting to do so much! At present she is doing her B.A. (History) at Elphinstone College, Bombay; working as a P.R.O., doing modelling and fashion shows. She loves show-biz since it gives her an opportunity to travel, meet a variety of people and appreciate fast, changing trends in fashions and music and her much-noticed charm helps her in every way. Raina has just returned from Australia after being one of the two selected models participating in shows of Indian fashions held by Waltons.

In the long run, however, Raina would like stability in her life. She intends to later utilise her experience as a P.R.O. and a popular model in a creative and innovative way.

On the cover, you can see part of the evening dress which Raina models in our fashion feature.

Photograph:
Farokh Reporter

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INTERVIEW: RAJ NARAIN

The Union Minister for Health and Family Welfare holds a portfolio that is of particular, even crucial, significance to women and children. An interview with him reveals some of his plans and priorities for 1978.

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RURAL HEALTH CARE — a tragedy of women and children

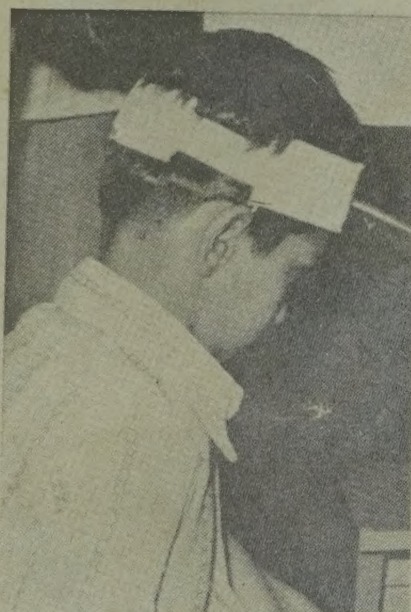
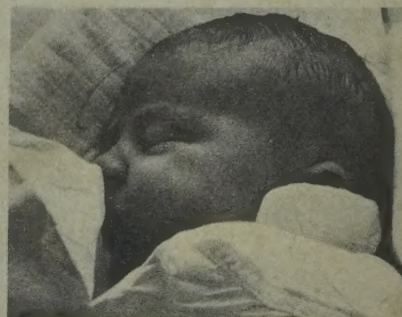
From ancient times Hindu philosophy has revered woman as Annapoorna; the child has been equally central to Hindu thinking. Today, however, women and children are the first and worst victims of the national situation. The failure of the health system to reach the neediest is, says the author, nothing less than a betrayal.

Page 10.

REVITALISING FAMILY PLANNING

Deploring the overkill the family planning programme has been subjected to during the past year, the writer — President of the Family Planning Association of India — says "Family planning is voluntary, but necessary."

Page 14.



THE HANDICAPPED — below the line of despair
The increasing number of handicapped persons born in India is disturbing, to say the least, and calls for preventive action.

Page 12.

Doctors sans degrees

The number of exposed quacks is negligible compared to the hundreds going unexposed.

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Problems at the Cama & Albless Hospital

The recent controversy over the appointment of male doctors in a hospital for women and children in Bombay raises many questions.

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ALSO

Unusual decorations made of fresh flowers, fruits and vegetables — Page 17.
Jewellery to suit every taste — Page 21. Film interview: Raakesh Roshan — Page 37. Pigmentation Disorders of the Skin — Page 42.

REGULAR FEATURES

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TEMPLE LARGESSE

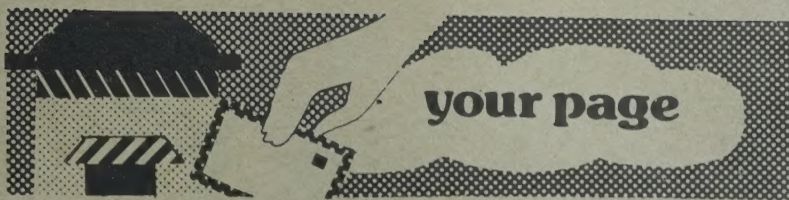
Tucked away in an inconspicuous corner of the newspaper recently was a small news-item which to me was not only a source of gratification but, more important, a pointer to a new and much-needed ethos of living. The rather cryptic headline said, "T.T.D. to adopt all orphans" — and it was followed by the news that the Tirupati-Tirumala Devasthanam has decided to adopt all those rendered orphans by the recent cyclone in Andhra. We Indians are an intensely religious people and do not hesitate to keep the coffers of God overflowing; but, alas, these funds are by and large spent in meaningless rituals and unnecessary pomp and pageantry. Our system of philosophy does not bind holiness with social service and uplift and yet this alone can transform and liberate our souls and, with it, our country. I wish more and more of the richer temples would emulate this fine example set by the Tirupati Temple and make use of their huge funds for humanitarian and other deserving causes. They can make religion a living, meaningful and worthwhile pursuit.

Leela Ramaswamy.
Bangalore

A fine example, indeed. But how many more will respond in like manner? We would expect the affluent religious institutions to take the lead in all humanitarian projects but, with perhaps the sole exception of Mother Teresa, who surmounts poverty to help the impoverished, such is not the case.

PARENTS' CARE

Care for the aged is varied. Often times, a retired man ploughs all his provident fund and gratuity into a new flat after vacating government/company quarters. If the sons and their wives cannot give that extra affection and rest to the par-



ents, which their age demands, it is better to live separately as this will stop the day-to-day quarrels and tensions which wipe out everyone's peace of mind.

But one problem that bugs India is that daughters, after marriage, are expected to serve only their in-laws and almost ignore their own parents. Isn't it normal for women to want to stay for a few days with their parents, when they are ill, regardless of whether they have, or not good sisters-in-law? Very rarely (and grudgingly) are women allowed to stay and help their parents while they are ill. Actually, if convenient, and within reasonable limits, girls should be able to give financial help to their parents.

Otherwise, the use of the words "girl or boy — it makes no difference" remains a mockery.

Mrs. Bharati Pankaj
Mudliar, Bonibay

We have often, on this very page, taken up the issue you mention. It is ridiculous and absurd that Hindu society should debar a married girl's parents from visiting her and partaking of her hospitality. And more absurd that she cannot tend to them when sick, nor help them financially, even if she is in a position to do so.

MARRYING AGAIN

Apropos the necessity of a widow giving her child or children a father (step father), it must be considered that step children always face the risk of ill treatment which would prove unbearable to a helpless widow. My mother married when she was sixteen; by the time she was twenty-five, she had seven children, when my father who was then thirty-one and two of my brothers, all died within a week in a typhoid epidemic. I was just nine years old, and the youngest was an infant.

After arranging for boarding, lodging and schooling for all of us, my mother joined nurse's training. It was all an uphill task. With the meagre inheritance

from my late father and with the small stipend my mother got, she brought us up and put us on our feet. Calamity struck when she lost the only son she had left, run over by a truck when he was 21. But she never broke down. She was young and very beautiful, and though she got many offers she did not take the risk of re-marriage. She became a matron in one of the leading hospitals in a metropolis. She "died with her boots on" when she was 77. Three of my sisters are well settled in Australia and I am here happily married to a leading Doctor. Of such stuff my mother was made and for such selflessness and valour, she wears, if not the Victoria cross, a crown of glory wherever she is.

Mrs. Gladys David, Nagpur

There are pros and cons in this matter. Your mother was, indeed, brave to have overcome so many odds and so much tragedy. But not all women are so equipped.

UNSUNG (?) HUSBANDS

We are fed up hearing and reading about the repeated complaints from Eves-like harassment from husbands, ill-treatment by mothers-in-law, very limited employment of women in executive positions, teenagers not obeying the parents, and what not.

Let 1978 have a new look, when men, too, can put forth their woes strongly. They are equally dissatisfied with the high-handed treatment of their nagging wives, treatment meted out to them by employers, etc. etc. Let us break the monotony of the women's complaints and read something new. Please give a kind hearing to the unsung husbands, too.

After all husbands are human beings too and not cruel and cold-hearted as they are made to appear many times in YOUR PAGE.

Miss Marina Fernandes,
Bombay

Oh, are we cruel and cold-hearted towards husbands? We are sorry, if that is the impression we give. These columns are always open to our male readers and they are most welcome to write to us if they have "Something to say".

this week
for you

K. H. Shroff

For January 14 — 20.



ARIES (March 21 — April 19)

Luck favours public responsibilities. Important assignment. Visit to foreign countries.

Favourable days: 14 — 15.



TAURUS (April 20 — May 21)

Love comes to stay. Single persons likely to settle. Matter of factness brings profitable jobs.

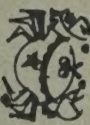
Favourable days: 17 — 18.



GEMINI (May 22 — June 21)

You seek company of intellectuals. Money from female relatives. 19th good for business.

Favourable days: 19 — 20.



CANCER (June 22 — July 22)

Financial cooperation and gain. Preferment and better prospects. Likely to move to new home or add comforts in present one.

Favourable days: 14 — 16.



LEO (July 23 — Aug. 23)

Desire to gain commanding position. Care about separative influence of relatives. Success in correspondence, overseas matters.

Favourable days: 14 — 15.



VIRGO (Aug. 24 — Sept. 22)

Creative writers and artists emotionally stirred. Income augmented. Response to unrequited love. Don't be vindictive.

Favourable days: 17 — 18.



LIBRA (Sept. 23 — Oct. 22)

Librans are favoured in love, homes, career. You will steer clear of difficulties and thrive.

Favourable days: All days.



SCORPIO (Oct. 23 — Nov. 22)

You have formidable opponents to overcome. Be discreet.

Favourable days: 14 — 16.



SAGITTARIUS (Nov. 23 — Dec. 21)

Your imagination finds great stimulation. Outstanding success. Invigorating days for those connected to film, travelling, fashion.

Favourable days: All days.



CAPRICORN (Dec. 22 — Jan. 19)

People of extraordinary ability contribute to your success. Enhanced prestige.

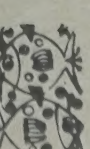
Favourable days: All days.



AQUARIUS (Jan. 20 — Feb. 19)

Stars shine on amour. Benefits to your unconventional performance. Do not overplay.

Favourable days: 15 — 16.



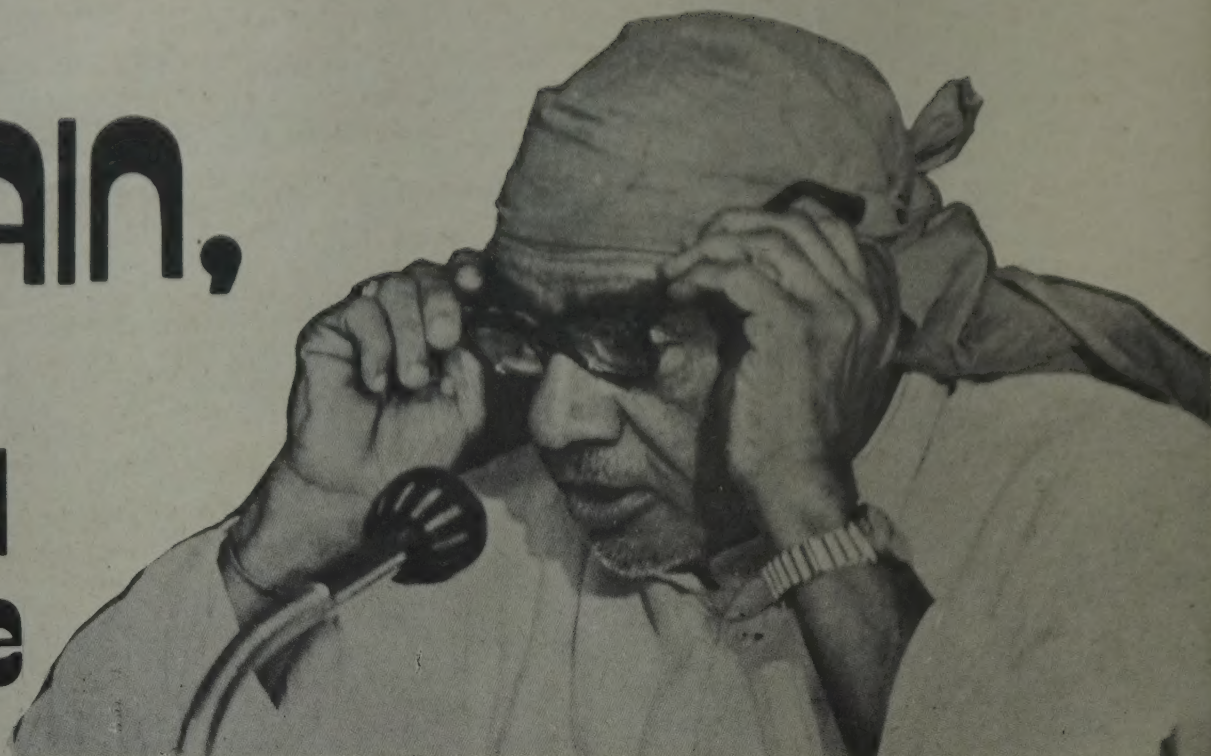
PISCES (Feb. 20 — March 20)

You may be carried away by sentiments. Pay great attention to reason and facts. Be realistic.

Favourable days: 15 — 16.

INTERVIEW:

RAJ NARAIN, minister for health and family welfare



In an interview
with BHARATI
CHATTERJI, the
Health Minister
outlines his priorities
for the new year

Since the change-over in Governments, the Ministry that has come under closest scrutiny is that of Health. The controversy that shook the nation over the former Government's massive sterilization plans have still not died down and, to a large extent, the present government is hemmed in by the bitter taste left over from the Emergency days — people still look upon any family planning measure with deep cynicism.

However, the fact remains that one of the two most vital programmes of national interest remains family welfare. Integrated into family welfare is nutrition, food, clothing, shelter, availability of safe drinking water, employment, woman and child welfare. What concerns us most here are the schemes that will guide child and woman health programmes.

The present Health Minister, Mr. Raj Narain, in an interview, made it clear that he had no new plans for 1978, but that his present plans would carry over into the next year. He said that it was his endeavour to integrate the various aspects of family welfare mentioned above, which are the concerns of other Ministries.

"I shall see to it that the importance of the inter-relationship of the allied areas vital to family welfare is recognised and reflected in concrete plans of action. I shall open dialogues with the Ministries concerned to see that they try to integrate the family wel-

fare programme with their normal activities. I see no reason, for instance, why the Ministry of Labour at the Centre and their counterparts in the States should not take up this programme as an integral part of labour welfare schemes."

Among other schemes launched by Mr. Narain is the Community Health Welfare Scheme to strengthen health care services in rural areas. The purpose behind this scheme is to provide adequate medical care to the rural populace and simultaneously to educate them in matters of preventive and promotive health. The nation already has 5,300 primary health centres and more than 37,000 sub-centres—all in villages. In spite of this, our villagers do not receive adequate health welfare facilities. The reason behind this is simple. So far, local participation in health welfare has been practically non-existent. A large proportion of the people responsible for administering the health programmes in villages have their moorings elsewhere and are therefore not easily accepted by the people.

Under the new scheme every village with a population of 1,000 will be expected to select its own representative — one who belongs to the community, enjoys its confidence and has the competence and sincerity to serve it in the area of health. These representatives receive three months' basic training which includes the rudiments of health science, measures for maintaining good health, hygiene, treatment of common infectious diseases, maternity and child care, etc. This scheme was launched recently and is already under way. Mr. Narain expects that over a period of two years (1979) we will have nearly 5.8 lakh community health workers in the villages.

Shifting to child welfare, he stated that the traditional "dais"

who delivered babies in villages will also be given suitable training and proper kits in order to reduce child mortality rates. The infant mortality rate in India is high. In 1971 it was 122 per thousand. It is envisaged that with the implementation of the community health welfare scheme, the mortality rate should fall encouragingly within the next year or two.

The emphasis in Health Welfare will be on education and the local participation that will naturally follow. Population control, it is hoped, will also become possible similarly. People have to be made conscious of the importance of planned parenthood, they have to be given the necessary information and adequate services. What is needed is a vigorous and sustained programme of education and motivation. The population of India is increasing at the rate of one million a month. The present birth rate is 34.5 per thousand. The target of the present Ministry is to bring it down to 30 per thousand by March '79 and 25 per thousand by March '84. The approach will be totally motivational and the cooperation and support of public opinion will be actively sought.

It is suggested by the Health Minister to involve trade unions, chambers of commerce, cooperative societies, organisations of women, federations of teachers, and village panchayats in the programme. He gives the utmost importance to the Mother and Child Health scheme (MCH). The plans, broadly, are immunisation of pregnant mothers against tetanus; immunisation of children against diphtheria, whooping cough and tetanus; prophylaxis against nutritional anaemia among mothers and children and against blindness caused by vitamin 'A' deficiency among children.

A great deal of importance is given to intensifying the motivational effort. Apart from

the mass education media set-ups under the departments of Family Welfare in the states, the departments of Information and Public Relations and other publicity outfits are also expected to be involved actively in this effort. "I would also suggest that since the area of operation is large and our resources are limited, there should be absolute coordination between the Central and the State Governments. The media units of the Ministry of Information and Broadcasting will give all help to the State Governments. We have received this assistance from the Ministry of Information and Broadcasting."

According to Mr. Raj Narain, the status of health education in the states is very low. In some states, health education bureaus function efficiently whereas, in others, these bureaus simply do not exist. At the district and block levels the situation is far from satisfactory. The role that health education can play in creating a healthy environment and in preventing diseases has as yet not been properly appreciated in our country. The W.H.O. has tried to draw the attention of the world to this point.

However, the Family Welfare programme has suffered a serious setback in recent months. Mr. Narain says, "One need not go into the causes behind this phenomenon. It is widely known. It is important, nevertheless, to try and restore to the programme the credibility and importance due to it. The apprehensions and misgivings in the minds of the people have to be removed. And whereas there should be no pressure in the implementation of the Family Welfare programme, those engaged in it must not slacken their efforts to provide services to the people."

Special Report:

THE CONTROVERSY AT CAMA HOSPITAL

A. Ghandy

The move to deny separate hospital facilities to women in Bombay might well cause a set-back to health-care for women

The controversy over the appointment of male doctors in a hospital for women and children in Bombay has raised many questions. Should our society encourage special facilities for women even in this era? Should male medical students be deprived of the opportunity for excellent practical experience only because of their sex? What is the state of medical facilities in our country? What solution is the government offering?

The Cama and Albless Women and Children's Hospital was set up in 1883 as a result of the move of certain philanthropists and social reformers led by an American businessman, Mr. Kittridge. They were aware of the problem of high mortality among women due to lack of medical facilities.

During childbirth and for gynaecological problems, women were unwilling — and their husbands would not allow them — to approach male doctors. And there were few or no female doctors in those days. Therefore, these reformers got together to collect funds to set up hospitals and dispensaries exclusively for women in as many cities as possible. Mr. Pestonjee Hormasjee Cama donated Rs. 1,64,300 for the erection of such a hospital in Bombay. The reformers also got permission from the Grant Medical College and Bombay University for women to take up medical studies. Their aim was to train Indian women in medicine so that they could run the women's hospitals they were planning to set up. The Lady Hardinge Medical College and Hospital for women in Delhi was also set up by the same group.

Mr. Cama donated his money to the scheme on the condition that "the institution shall be handed over entirely to the care of women doctors as soon as a competent staff of such doctors shall be available for its sole management, and funds are provided to pay the salaries of such staff." The hospital, he laid down, would be maintained by the government. When the hospital was started, there were hardly any women doctors in India. So two women doctors, Dr. Edith Pechey and Dr. Charlotte Ellaby, were brought from England to run it. Dr. Pechey was well-known in England for leading the struggle to allow women to study and qualify in medicine. Both of them were offered huge salaries — Rs. 1000 and Rs. 600 per month (equivalent today to Rs. one lakh and Rs. 60,000 respectively) along with free housing and the freedom to set up private practice.

The hospital used to be an autonomous body recognised by the Bombay University and the Indian Medical Council for teaching purposes. In 1965 it was made part of the J.J. (Jamshedji Jeejeebhoy) group of hospitals. Undergraduate women students of the

Grant Medical College (attached to J.J. Hospital) were allowed to work in Cama Hospital for better clinical experience, since all kinds of serious and even rare cases, especially in gynaecology and obstetrics, were under treatment there. The hospital was entirely managed by women doctors since its establishment. Therefore, from all over Bombay, even from as far away as Bhiwandi and even women staying in the compound of leading public hospitals, prefer to come to Cama for treatment. Those cases requiring special tests which Cama does not have facilities for get them done elsewhere, but come back to Cama to complete their treatment.

Moves to end this special status of the Cama and Albless Hospital for women and children began five years ago. In 1972 the dean of Cama with the support of the then Health Minister Mr. Rafiq Zakaria, appointed a male registrar at Cama. But the Cama representative of MARD (association of resident doctors), Miss Bhivandiwalla, put up great resistance. The documents she produced showed that this move was illegal because it went against the trust deed of the hospital. The Health Minister was forced to withdraw the appointment.

In 1973, the dean again tried to post male post-graduate students in Cama, but the women doctors at Cama unanimously passed a resolution preventing this move. But in 1974, the dean succeeded in his attempts. Threatening to derecognize the hospital for teaching purposes, he forced the doctors at Cama to accept male undergraduates. Later, taking advantage of the Emergency, he proclaimed that he would push through the government policy of ending the exclusive control of women over the hospital.

Finally, on February 1, 1977, a few male doctors were posted as housemen, and on August 1, 1977 a male registrar, the relative of former Health Minister Mr. K.M. Bapu Patil, was appointed at Cama. A male honorary was also appointed in October 1977,

but a writ petition filed in the High Court has prevented him from joining duty.

Now the hospital has seven male and six female resident doctors. There are also many undergraduate male students. These resident doctors share a common hostel, including bathrooms, toilets and other facilities.

The State Government has gone even further in restricting the independence of the hospital. It has been turned into an institute of gynaecology and obstetrics. A professor, Dr. Anjaneyulu, has been appointed as director since October 31, 1977 without any prior advertisement of the post inviting applications.

This hospital, which was once envied by doctors in other public hospitals for its constant stream of women patients and its reputation, now finds that its regular patients are turning away. They come and register themselves, but on seeing a male doctor turn back and go away without a check-up. They would rather suffer than expose themselves to men. A man brought his wife with labour pains to the hospital. When he saw only a male doctor on duty he took his wife back home for delivery. She ruptured her uterus at home, and in desperation he brought her back to the hospital. But it was too late and she died in spite of treatment. Incidents like this are on the increase.

The illegality of this move of the government and its effects on women's health has forced the Women Graduates' Union and Association of Medical Women in India to protest.

In India, this move to stop special medical facilities for women will only be a step backwards as far as improvement of the health of the community is concerned. For women from rich families who visit doctors privately, and therefore can choose the doctors they want, the move means nothing. It is the majority of women, poor and illiterate, filled with superstitious beliefs and ortho-

dox ideas, who are suffering. A hospital such as Cama gave them the confidence to stop depending on quacks and try modern medicine. Certainly their ideas are backward but they need help. A 2000-year old tradition cannot be broken overnight. Special facilities, hospitals and doctors must be provided in increasing numbers to cater to the needs of women, who are half of India's population.

It is a shame that even 30 years after independence, the largest metropolis in India can boast of only one hospital specially for women, that too set up due to the generosity of a few Indians 100 years ago. Instead of setting up more such institutions, the State Government is actually discouraging them.

There is one argument from male medical students which merits attention. As a result of keeping special hospitals for women, they are denied the opportunity for excellent practical experience in certain areas. Undoubtedly this is true. But the need of half of India's population cannot be overlooked for the sake of a handful of them. The social gain from such hospitals far outweighs their loss.

Actually they need not lose if they tackled the root of the problem — the policies of the government. Health has always been low in the order of importance for the government. Cutbacks on health finances have been common throughout the past 30 years.

Now even the Janata government, in spite of all its pledges, has not reversed this state of affairs. Public health, family welfare and water supply were among the lowest in priority in this year's budget. Only 0.1 per cent of the capital outlay and 0.8 of the revenue outlay were earmarked for this category. In fact, the outlay for family welfare has been cut by 34 per cent over the last year. The government spends more on collection of taxes (1.2 per cent of the revenue outlay) than on public health! Therefore, if medical students demand more public hospitals and dispensaries, covering not only the urban population but also reaching out into rural areas they will get all the experience they need in every branch of medicine.

The move to deny separate facilities to women in Bombay is ominous. It may be repeated in other places. The medical profession and all concerned people must resist this move actively. The government has to be forced to see reason.

From ancient times Hindu philosophy revered woman as Anna-poorna — literally, the giver of sustenance, but metaphorically, the giver of life. She gave birth, nurtured, taught and gently untied the umbilical bonds; her children, in turn, loved, cherished and protected her in gratitude for the gift of life.

The child has been equally central to Hindu philosophy, epitomised in Krishna, Prahlada, Lava and Kusha. Almost universally, children are the promise of tomorrow, the mortal grasp of immortality, the continuance of being.

Today the state of women and children is far from these ideals: they are the first and worst victims of the national situation. How can one describe the ravages of poverty and hunger, disease and death? Of children born from bankrupt bodies and spawned on pavements; exposed to heat, rain, wind and damp earth? And what of their life-givers?... the hollow faces, sunken eyes, orange hair and skeletal limbs; the breasts that give sustenance and drain it from the giver? How does one convey the dimensions of despair, futility, and hopeless life? It is enough that they have been betrayed and that the betrayal continues.

The experts, the professionals, the learned: they all constitute the attempt to grapple with socio-economic stagnation, to make it an immensely complex situation with few easy answers. But one wonders... the failure of the health system to reach the neediest is not so complex, it is not so easily rationalised. It is what I have called it, a betrayal.

In ancient India, medicine was a comparatively well-developed science. Every community had its practitioner, who had been taught by his father or grandfather — so also the village dai, trained by her mother and skilled with long experience. These people were not professionals in the modern sense, but workers with a heritage, a tradition, and a culture akin to that of the community they served. Where their skills failed (and they failed often), they gave compassion and support; the sum total of these efforts was further reinforced by a philosophy of living which taught (rightly or wrongly, I don't know), acceptance of unavoidable disease, pain, and death.

The British brought Allopathic or "modern" medicine to India primarily to serve their armed forces and colonial settlers. Gradually, the "natives" began to be trained, first as medical auxiliaries and later as full-fledged doctors. By the end of the nineteenth century, Allopathic medicine was sought by the Indian elite. The Railways, Government organisations and some private firms gradually introduced modern medical care for their employees.

The rural millions, however, remained outside this realm; they continued to rely on their traditional healers since the only source of their treatment was limited to a few missionary hospitals and charitable dispensaries. It was already becoming clear that most Indian doctors did not want to take their skills to the rural areas. The only time when the rural population received mass-scale medical services was when disease epidemics threatened their urban brethren.

When the Health Survey and Development Committee of 1944 (led by Sir Joseph Bhore) began surveying the health situation in the country, their findings were devastating. They found that 70 per cent of the yearly deaths in the country were preventable — "preventable," that is, in the context of modern medicine: cholera, T. B., dysentery, malaria, and smallpox. And while these diseases took their toll of human life regardless of age or sex, there were special penalties paid by

women, children and newborns. Twenty per cent of babies died soon after birth; two out of every 100 women died in childbirth; 50 per cent of all children died before the age of ten — all meaningless numbers, in a sense, unless one considers them emotionally, as tiny lives whispering their end; or as the death cries of anguished, burdened women... deprived lives, yet precious still.

In 1947: Independence for India. Passionate promises were made to the people — we will lead you from the darkness, we pledge to you health, wealth and life.

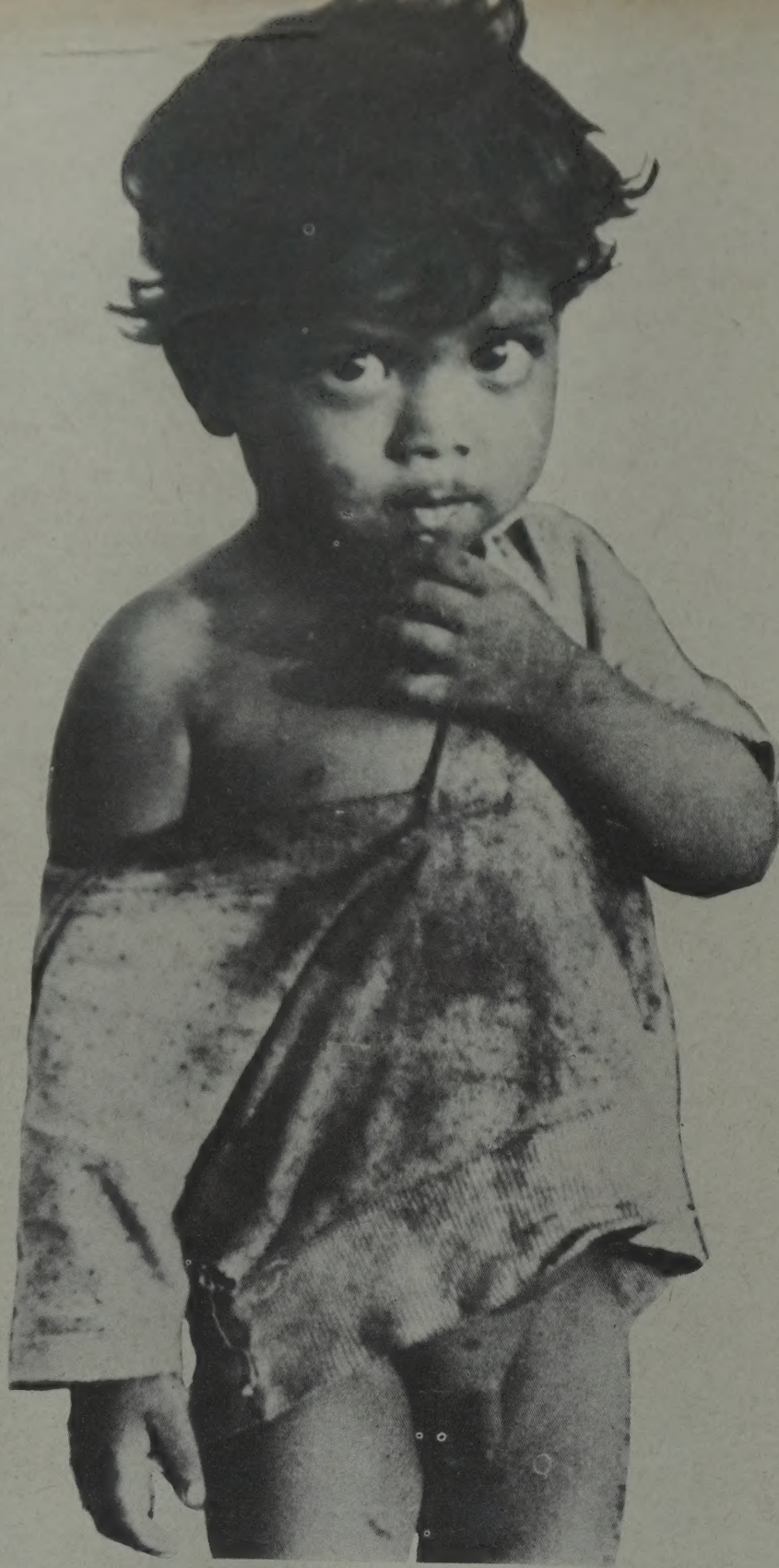
The tasks before the young nation as far as health and medical welfare were concerned were enormous. The people were promised accessible health services regardless of their social and economic status. The Government would provide "basic" health services for all, poor or rich, rural or urban.

To accomplish this, the Government had the blueprint for health drawn up by the Bhore Committee: one of the most far-sighted documents ever written.

The blueprint was simple, yet revolutionary. It proposed the establishment of Primary Health Centres throughout the country, serving a population of 60,000 - 80,000 each. The PHCs would each have 4-5 subcentres, and there would be one Secondary Health Centre for every four PHCs. Through this network of health centres, staffed with doctors, nurses, sanitarians, public health workers, midwives, compounders and vaccinators, all the basic preventive, promotive and curative health services would be extended to the population. Special services would be provided for the "vulnerable" population — i.e., pregnant and nursing women, and children under five years.

The most revolutionary proposal of the Bhore Committee, from today's viewpoint, was the suggestion that the people must be involved in the planning and execution of health programmes, they must contribute their labour, time, skills and support if any success was to be achieved. They gave this concept a realistic form by suggesting that two or three people in every village should be trained and equipped for basic health work — i.e., the treatment of minor ailments, sanitation, keeping records of births, deaths and their causes, and so forth. There it was, the "barefoot doctor" of China, three years before the Chinese Revolution! Yet we discarded the idea then, and are now busily trying to introduce the "Chinese" (!) system in India.

What happened to the blueprint? Had it been implemented in spirit as well as in name, would our people be where they are today? If hypothetical questions can be answered, the answer is NO.



HEALTH CARE: a tragedy of women and children

Srilatha Batliwala

Over the last 26 "planned" years, we have drifted further and further away from the goal of "health for all." Every Plan document contained brilliant rhetoric for expanding health programmes. Repeated lip service was paid to the need for more and better-equipped Primary Health Centres, for more paramedical (as opposed to medical) workers; for better implementation of programmes. But all the while, the instruments of success: the funds, the political support, the best talent, drained inexorably away from the country's real needs. They flowed towards establishing a sophisticated, individualistic, expensive illness service for the privileged, rather than towards a simple, community-based and inexpensive service for the deprived — who are the vast majority. Certainly, some programmes like Cholera, Smallpox, and

The Bhore Committee of 1944 drew up a blueprint for health—one of the most far-sighted documents ever written. Had it been implemented, our people would perhaps not be where they are today

ly the poor, venerate the doctor as a demi-god or saviour. The ancient goals of service, humanitarianism, and the quest of knowledge have disappeared. After qualifying, most doctors' further medical knowledge is gleaned from the leaflets of pharmaceutical companies, in most cases biased to sell their product.

Since planners, policy-makers and administrators are convinced of the infallibility of the medical profession, our health programmes have been heavily influenced by their dictates. Thus a close examination of health expenditure reveals that a large chunk of the health budget has gone towards building sophisticated hospital complexes in urban areas serving the elite with all the attendant facilities and equipment. Again, huge sums have been spent on opening more and

cause of septicaemia and tetanus lies in their unwashed hands and rusty knives.

Sporadic "mass" campaigns are mounted to detect T.B. and Leprosy, but no one bothers about the follow-up, the education of the patient his family, his community: no one ensures that he gets regular supply of drugs, and takes them.

The tried and tested remedies of our indigenous systems are nowhere incorporated into the health services; yet PHCs which now serve (?) over a lakh of people had (until recently) a drug budget of Rs. 2000 per year!

What of people's involvement? In most areas, it is non-existent. The people are targets, not participants. There is a cultural barrier between the city-trained health staff (particularly doctors and nurses) and the villagers served by the PHC. There is no attempt to educate the people on what the PHC is nor how it is to be utilised; on what the health problems of the area are, what causes them, and what they can do to change them. I do not claim that such education will bring results overnight, but the process of dialogue, of lowering cultural barriers, of "conscientisation" must begin — there is no other way. People must be educated and trained for participation as for anything else.

Where do the solutions lie? They exist, and they are revealed by the problems themselves.

The first step, obviously must be a change in our national health priorities. The problems of prevention, of nutrition and environment must receive real support, not rhetoric. This support is not necessary solely in money terms, but from the leadership, the policy-makers and the administrators. As long as they are dazzled by Western concepts of big hospitals and glamorous super-specialities (the "look, we have it too!" philosophy), our people have no hope.

Second, the business of health must be "deprofessionalised" — handed back to the people. In the ultimate analysis, health is not merely the absence of disease; a doctor may cure illness but cannot give you health. Health is a product of physical, social and mental harmony, of adequate nutrition and a healthy environment, clean water and sanitation.

It is obvious that many of these ingredients lie in socio-economic development, rather than in health services. But even within the health system, the community can act powerfully to improve their nutrition and their surroundings, given the education, the awareness, the ability of non-acceptance of things as they are.

Continued on page 27



Malaria control were "successful" — but at enormous cost. They left untouched illness and death from diseases caused by malnutrition and the poverty-ridden environments of polluted water, stagnant waste and no sanitation.

Here we must define what are the health problems of the country. They evolve around the central factors of nutrition and environment rather than mere illness. They can be described by evoking the picture of the pregnant woman, her body already drained by earlier pregnancies, anaemic and exhausted, her living children arrayed around her, bulging stomachs, naked, playing in the dust. She carries cooking and drinking water from the same pond where the tattered clothing is washed and where the scabbed children play. Flies buzz from cholera faeces in the cooking pots. The mother coughs and spits out tubercular phlegm. This is the country's disease pattern — more accurate than a thousand statistics

Where, then, have we gone

wrong? The first and major mistake in our health policy has been casting the medical profession in the star role. It could be said without exaggeration that the medical profession (with exceptions, of course) is one of the most powerful forms of Western colonialism in the country. The kind of training imparted in our medical colleges is almost an exact replica of Western — more particularly British — medical education. Little or no importance is given to the commonest Indian diseases — for example, the total of two hours of teaching on Leprosy in four and a half years of classroom instruction — while whole days may be devoted to obscure diseases rarely seen in this country. The aspirations that young medical students acquire are likewise unrelated to the Indian context. The vast majority want to specialise, more and more going into glamorous specialisations and "super" specialisations like open heart surgery.

Medical education is viewed today as the passport to riches — and power — for the lay public, especial-

more medical colleges despite the fact that their graduates were either emigrating or saturating the urban areas with their shingles.

And what of the Primary Health Centres — in most rural areas, the sole source of modern treatment? They exist, but most do not function. The PHC doctors, the "leaders" of the health team, treat the PHC as exile; they are generally disinterested, apathetic and disgruntled. Ultimately, most get transferred or set up lucrative private practice by encouraging PHC patients to come to them as "private" patients, promising better medicine and quicker cure.

The Auxiliary Nurse Midwives, who are trained to look after the rural women and children hardly leave their base-villages. They have little medicine, few instruments, no transport (sometimes a bicycle) and yet they have to look after 8-10 villages. Many of them don't work at all, content to pick up their paychecks. Village women are still delivered by dais, skilled but unaware that the

Statistics reveal above 40 million Indians as handicapped. Of these one million are spastics, a relatively small figure, but taken in isolation just as staggering. One in every two hundred living infants is born with brain damage and neuro-muscular disability and 24 such are born every day, one every hour. The escalation as the figure diminishes is cause enough for panic and counter measures. The threat of being physically dependant, upsetting homes and disrupting social life can be counteracted — it can even be prevented.

Prevention is not a simple process of just an inoculation or a course of medicine, it is a more complex function involving the medical profession, the family and the individual. Of course, in India the problem is enhanced by the disparity in living standards and the absence of proper national medical schemes, the gulf between the urban and rural worlds.

An important part of prevention is proper mothercare. The phenomenon of childbirth should not be considered as merely a matter of procreation. The foetus has an identity and when a child is born into India it has human rights. In order that we offer it its birthright, society, the medical profession and the family ought to be aware of the delicate process of growth in the womb.

The danger of contracting infection and illness is ever present during pregnancy. In such an unfortunate circumstance it is imperative that medication be administered with utmost caution.

Indiscriminate prescription of antibiotics, for quick counteraction of disease, should be curtailed. Potent drugs can cause untold harm to a foetus. It is important for the layman and, most important, the mother to know what the antibiotic is, its use in general terms and some of its side effects, if she is to assess the danger of misuse.

Antibiotics can act as agents of "antibiosis" (an antagonistic association between organisms), damage or destroy vital processes or structures of susceptible organisms. They are grouped according to the scope of antibiotic activity — for example, broad spectrum anti-bacterial and anti-rickettsial groups encompass chloramphenicol and tetracyclines. Prescription of antibiotics to patients is governed by the properties of the antibiotics and by the anatomic locale of the infection. The size and frequency of the doses are determined by the susceptibility of the infecting microbe, the accessibility and acuteness of the infection, the absorption, distribution and fate of the drug in the body, the patient's age and weight (i.e. surface area). All these factors must be correlated with the amount of active ingredient in the drug, since a variety of pharmaceutical preparations is available.

SPASTICS: below the line of despair

Randhir Khare



fects on a foetus. Hence antibiotics should be avoided almost completely during the ante-natal period.

It has been medically proved that expectant mothers suffering from German measles give birth to handicapped babies. German measles, also known as Rubella, is a virus, usually milder than measles, characterised by fever, a sore throat and a rash, resembling that of scarlet fever. When it has been discovered that an expectant mother has the disease the foetus must be immediately aborted to prevent a mentally retarded child from being born.

Another cause for the birth of a handicapped child is prolonged labour. When such a situation occurs it is necessary that birth be induced or a Caesarean operation be performed. The danger of a break in the oxygen supply to the brain of the foetus is always imminent and can lead to brain damage. Even a few seconds could cause the damage.

LEFT: Cerebral palsy has denied this boy the use of his hand: Could precaution not have prevented it?

BELOW: A spastic smile from the abyss of rural India.

*Spastics are a tragic
human problem
for their families, and
they are mostly
the result of lack of
prenatal care and
ignorance of the process
of foetal growth*

Being potent, antibiotics frequently can cause biological side effects. The physician must therefore weigh the desired benefits against predictable side effects, some of which are intestinal disturbance, rash and edema. Hypersensitivity to the drug can render further doses ineffective. Unless dosages are carefully regulated some antibiotics may damage vulnerable internal structures such as hearing, the balance mechanism of the inner ear, the excretory tissues of the kidney; they can inhibit normal activity of blood forming tissues of the bone marrow. Such damage during pregnancy can have disastrous ef-



The compatibility of blood groups is often overlooked. If the mother and father do not have matching blood groups their baby can be born handicapped, should it survive. Incompatibility in blood occurs with respect to the RH factor. It is any one of a group of inheritable antigens in red blood cells. All persons with RH positive type blood have the D antigen in their red cells, while it is absent in those with RH negative type.

During pregnancy a mother with RH negative blood may be exposed to antigens that she herself lacks, because red cells from the foetus may leak into her circulation. If this results in the formation of antibodies, then the disease known as hemolytic disease of the newborn occurs. This is usually caused by the Rh antibody anti-D. Slightly more than 50 per cent of the infants born with this disease require treatment consisting of partial replacement of their blood. An adequate maternity service should test the blood of every Rh negative mother for Rh antibodies. Since this condition is almost unknown in the first pregnancy care must be taken that Rh negative females do not receive Rh positive blood which would sensitize them to the Rh antigen D. A Rh negative woman who is married to a Rh positive man usually does not produce Rh antibodies until after her first or second pregnancy.

The common belief that synthetic vitamins can replace those from natural sources is not necessarily true. Synthetic vitamins can be injurious when taken in overdoses. It is certainly healthier for pregnant mothers to rely on natural foods for their additional sources of nutrition than resort to artificial strength givers. However attractive life-giving courses of iron injections may be one should consider them more damaging than reinforcing.

A high protein diet of natural foods is really the answer to the problem of maintaining a steady standard of health for the mother. A vegetarian diet should include: cheese, milk, curds, rajma beans, leafy greens, spinach, maize, fresh fruits (apples, oranges, sweet limes in particular) and fruit juice. A non-vegetarian diet should include mutton, chicken, eggs, milk, fish, fresh fruits, cheese, leafy greens and fruit juices.

Another cautionary message should go to mothers who smoke cigarettes — a heavy smoker certainly runs the risk of injuring her foetus. The imbibing of alcohol in large amounts can also be harmful.

The implementation of precautionary measures to prevent the tragedy of a physically handicapped child is not beyond realisation in Indian cities. Public hospitals and private practitioners, though not in an ideal ratio to the population, could, with personal

commitment and sufficient aid and encouragement from governmental sources, achieve some success.

But what of the dark abyss to which rural India is condemned? The oft-repeated and just as oft-condemned illiteracy, poverty and overpowering millions have acted as deterrents, making any assistance appear hopelessly inadequate and feeble. Thirty years of promises have not yet been realised and we still cannot give our less fortunate fellow men the basic hope of life — a primary medical station, offering advice on the vital importance of a healthy diet and proper hygiene to both combat disease and minimize risks in child-birth.

One hopes that Mr. Raj Narain's plan for having midwives in villages is a step in that direction. However, it must be emphasised that the basic training in assisting at birth is not sufficient. This has to be supplemented by a specialised course — lasting about three months — where they are given a grounding in some of the precautionary measures that would prevent the birth of a handicapped child.

But midwives alone cannot handle a situation of such import. There have to be hospitals at district levels, staffed with doctors available as professional advisors.

Mobile dispensaries with doctors should operate in moffusil areas as a support to the paramedical efforts of the midwife. It is to be emphasised that the function of the midwife should be restricted to a paramedical status and not, as with R.M.Ps, replacing the trained doctor. This would certainly not improve circumstances but often result in homicidal consequences.

As common and threadbare as it may sound, hygiene and a healthy diet are the two main building blocks for any successful rural medical scheme. Reiteration of this should not elicit an impatience but act as a catalyst. A healthy body can be an invincible defence. Experts, therefore, should compile well-balanced diets based on cheap and easily attainable foods, which should be disseminated widely. The eradication of malnutrition, the ubiquitous symptom of every Indian malaise, whether it be disease or congenital handicap, is an absolute necessity if we are to achieve even the slightest success.

A campaign, on a gigantic scale, against this killer can only be launched by the government. Voluntary organisations can at most struggle with miniscule sections of the Indian population. Although large sums of money need to be invested, it is certainly not the most significant part of such

a campaign. Skill, expertise and above all, an honest commitment to the uplift of the poor — the intangibles in the recipe are the heavier weights that will tip the balance, provided, of course, that the allotted funds are not proverbially misused. If India has achieved self-sufficiency in food, then why should millions of her citizens be half-starved?

The plight of the urban poor is just as deplorable. They are as undernourished as their brethren in the villages. And the mirage of medical facilities, which always appears just down the road, is nearly unattainable. It is no great revelation that public hospitals are more the breeding ground than the combaters of disease, their staff overworked, underpaid, and disillusioned. How can they offer any hope? Medical advice and assistance of the nature just discussed would require a better administration and, above all, before they could preach hygiene, they would have to practice it!

These are undoubtedly rather scanty measures that will prove no wonderous results, but in the face of the poverty and illiteracy of both the urban and rural poor, an exploding population and completely insufficient services, this would be a modest but nevertheless positive step, however apparently insignificant.

HANDICAPPED ON THE INCREASE

Conservative estimates show us that here in India there are 25 million blind, 20 million mentally retarded and 15 million deaf. These figures alone frighten one, but what is more stunning is that the figures stated are not accurate but way below the actual extent of damage. This is so because there is no proper system of birth recording in our underdeveloped areas. And there is no complete network, on a national scale, of medical stations to determine the number of those who are handicapped. But there is one thing everyone is certain of, handicapped children are being born often and the birthrate is steadily increasing.

Since the major portion of our population belongs to rural India it will be worthwhile concentrating our telescope on that area.

The reasons for the increase in cases of handicapped children are: an absence of a comprehensive national medical network, of a proper scheme to raise the literacy level and of obvious measures to meet the termites of poverty.

To elucidate, take the example of blindness. While there is a national effort which concentrates on the management of those who are already blind, little effort is being made towards prevention. Over-population as a result of bad family planning, unemployment, a sub-human level of existence unsupported by literacy programmes and medical aid and advice systems — all these factors contribute towards creating an ideal breeding ground for blind children. In the case of the mentally retarded, the case is the same. With deafness, the one difference is that

in most cases of this form of affliction the child can be cured if the handicap is detected within the first few months (this is a highly sophisticated method and will take time to be adopted on a national level).

Advanced countries (like France) have through the years evolved a effective medical network at a national level, which has proved an asset in controlling the increase of handicapped births. It is time that we in India learnt from their mistakes and evolved a medical network which will have to be supported by population control, employment outlets and literacy programmes. Until this action is taken, the staggering handicap birthrate will continue to accelerate and the hope of arresting the increase will remain only a spectre.

R. K.

Every month in India, there are ten lakh more people than in the previous month. Every month we add, say, another Pune to our population. But while Pune grew into a sizeable city slowly, over the years, the equivalent of its population appears on the national scene as if in a flash—within a month, every month and year after year. The annual increase of 12 to 13 million means two additional Bombays every year.

These figures do not have much meaning in themselves: but put them in context, and their menace leaps to life.

In a country with almost the lowest per capita income in the world and a huge backlog of poverty, unemployment and ignorance, the yearly addition of over one crore new mouths to feed and new hands to train and employ causes unbearable strains.

Population growth is not an abstract problem of numbers or statistics. It is an intensely human and personal predicament faced from the moment of birth by every Indian baby and continuing as it begins to grow and becomes one of the many millions for whom life is an unceasing struggle to obtain a little food, a little shelter, some medical help when needed, some acquisition of skills and maybe education and, above all, some work or employment whereby body and soul can be kept together.

The family planning programme has the two-fold aim of improving the welfare of individuals and families, and of being a major means of reducing the rapid growth of population, through promoting the small family norm. The first aim is very closely dependent on the achievement of the second. Since population growth has a pervasive effect on all aspects of socio-economic development, and vice versa, policies for regulating population and increasing development are intermeshed and cannot be pursued in isolation. This places the family planning programme in a very broad context, having an impact both on the macro as well as the individual level.

In 1951, the birth rate in India was about 42 per 1000. It has slowly declined to 35 currently. The goal of the family planning programme is to lower it to 30 per 1000 by 1979 and 25 per 1000 by 1985. If this difficult yet moderate goal is not achieved (and time is fast running out), India will have a population of over 1,000 million within the next 23 years.

Can this goal be achieved? Or, to put it realistically, can we afford not to reach it?

As events have turned out the interim target of a crude birth rate of 30 per 1000 by 1979 is now impossible. By that very fact, the goal of 25 per 1000 in 1985 has also receded, unless truly exceptional efforts are made.



REVITALISING FAMILY

The family planning programme needs to be urgently revived through voluntary methods, says the author who is president of the Family Planning Association of India

Avabai B. Wadia

It is a tragedy the extent of which is not yet fully appreciated that a good programme, which was showing encouraging results, was subjected to an over-kill during the last year. The excesses which occurred during the emergency in some places in North India, and the outcry caused thereby, gave a setback to the family planning programme not only in those areas, but all over the country. From April onwards, work was actually stopped for a time in some northern areas, and every-

where there has been a tremendous slow-down, as the table given below reveals.

In the northern States, where family planning was always lagging behind, a point of no return has been almost reached.

Experts are warning us that unless the programme emerges as quickly as possible from its present comatose state, the birth rate, instead of continuing downwards towards the 25 per 1000 mark, may again shoot up within two years to above 41 per thousand. This would not only nullify all socio-economic progress in the country but create new, and calamitous conditions.

Where do we go from here?

The Prime Minister has on several occasions strongly affirmed the vital need for family planning and the use of all methods. Every government statement has also emphatically repudiated coercion. After nine months, it would seem that such reiteration is now hardly necessary—in fact, it may even become counter-productive and perpetuate a fear-psychosis. Instead, a more positive refrain is needed, something

like “family planning is voluntary, but necessary!”

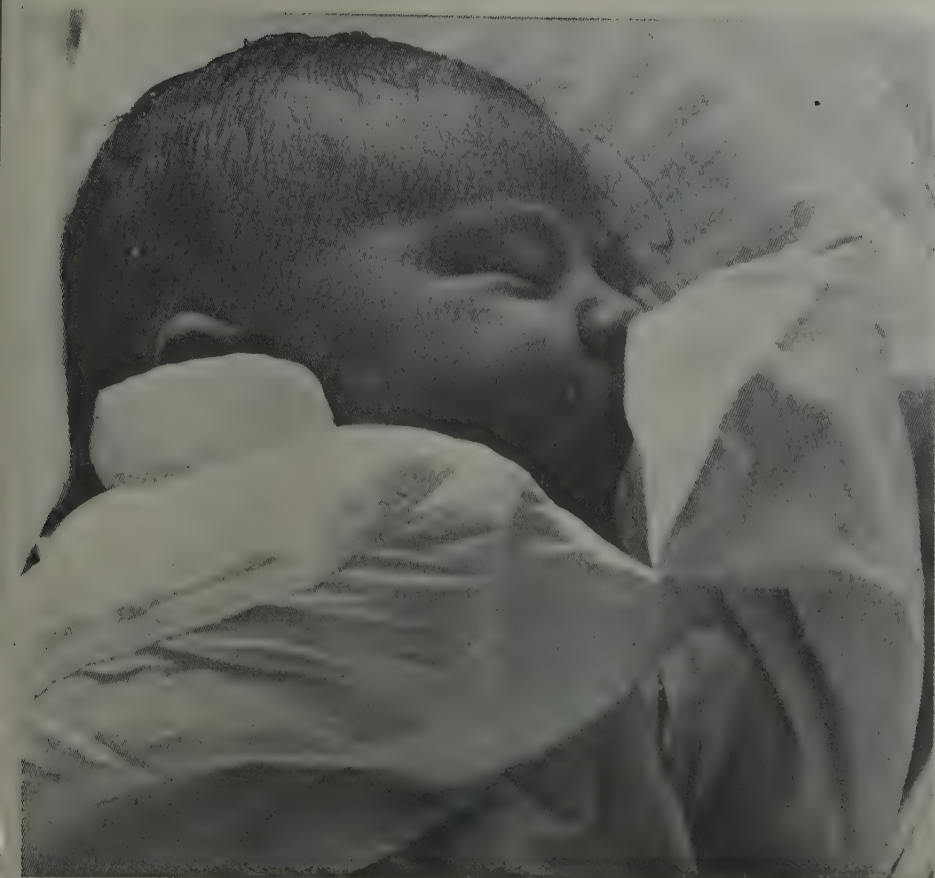
In taking steps to revive and accelerate the programme, it needs to be borne in mind that policies and programmes will best succeed by outlining what they will do, and not only what they will eschew. The new Family Welfare Policy does this, but positive strategies and operational goals need to be spelled out in detail and confidently and speedily implemented.

By supporting family planning in their election manifestoes, the two main parties have demonstrated a political commitment to the programme. It is essential now to go one big step further and declare it to be a non-party (or, rather, all-parties) National Programme, whose main goals and objectives will be pursued and achieved irrespective of any changes in ruling parties—whether at the Centre or in the states. One way of doing this would be by a declaration in Parliament.

Secondly, the Family Welfare Policy recently announced by Government needs to be fortified by expressly according to it “top priority,” to be observed at all levels, from the Cabinets at the Centre and in the states, down to the village panchayats.

Such a commitment is now an urgent national necessity and will dispel any doubts as to whether the Government really means business. For instance, in the recent 38-page Economic Policy Statement, there was only one general paragraph on population. The budget allocations for 1977-78 show that the Government pro-

Name of State	Sterilisation Target for 1977-78	No. of Sterilisations performed during April-June 1977	Percentage of Performance
1. Andhra Pradesh	3.5 lakh	18,658	5.3
2. Bihar	3.5 lakh	867	0.21
3. Maharashtra	4 lakh	17,039	6.9
4. Tamil Nadu	3.5 lakh	16,484	4.7
5. Uttar Pradesh	4 lakh	1,954	0.48
6. West Bengal	3.6 lakh	4,344	1.9



PLANNING

poses to spend a total of Rs. 130.2 crores, which is Rs. 26 crores less than in the previous year. Rs. 40 crores is provided as compensation to sterilisation acceptors.

Again, based on a "top priority" rating, a fresh and stimulating educational thrust covering the whole country is now overdue. This can generate a renewed sense of urgency and responsibility and enthuse young couples to plan their families. This must be backed up by expanding services.

Communication media like radio, T.V., satellite communication, advertising, films and videotape, folk arts such as songs, dramas, kirtans, puppet shows and the like, must be fully utilised. They can be used to explain, convince, reinforce, and create confidence among both rural and urban dwellers, and face-to-face counselling can then clinch the message. The Government must not only create and use extensive communication materials, but supply them to all types of social and welfare agencies and encourage them to carry on these educational tasks. Advertising media which reach the less privileged groups must also be utilised.

Great hope and faith is being placed by the Government in its Community Health Workers Scheme to bring medicare to villages. According to the Health Minister, the first phase of the Scheme will cover 90 million people in 80,000 villages under 777 Primary Health Centres and, in three years, time, all villages will be covered. One person from each village with a population of 1,000 is to be trained at the Pri-

mary Health Centre or sub-centre. The training, which will last for three months, will include elementary medical care, first aid, control of communicable diseases and health education. These trained workers will work and be paid on a part-time basis. They will also be given a medicine kit.

While they are expected to promote the small family norm, it looks as if this will be submerged under other more immediate and easier health work. If family planning is to have top priority, then these health workers should be trained and enjoined to become effective vanguards for spreading knowledge about and providing the means for family planning (with referrals for clinical methods).

The Scheme is at its beginning stages and there is still scope for the family planning element to get a strong focus in it. A similar measure in China, with its million "barefoot doctors" and their three million assistants, has achieved notable success in spreading family planning in the rural areas.

Voluntariness is not a simplistic stand, with no regard for the social and economic realities in the country. Where parents show apathy or indifference, that cannot be equated with a voluntary choice. The educational measures must be persuasive, persevering and pervasive, using many approaches. In this respect, social and peer group pressures arising through community or neighbourhood approval of family planning can be among the most potent persuaders.

In Asian countries, where the sense of family and community is so strong, this approach has provided the strongest incentive (or disincentive, depending on the angle from which the matter is looked at) toward an accelerated adoption of family planning. For example, in certain Indonesian villages, the elders decided that a gong would be struck every evening to remind the young mothers to swallow their daily oral pill—and they did so very faithfully. In South Korea, the 29,000 Mothers' Clubs are effective peer groups encouraging people to keep to the small family norm.

It would be a pity if India, which pioneered birth planning long before other Asian countries, is now left behind like a collapsed giant when these other countries are forging ahead. In fact, this is what seems to be happening. While the current contraceptive practice by married women of reproductive age in India is about 25 per cent, it is 43 per cent in Bali, 17 per cent in all-Indonesia, 43 per cent in West Malaysia and 32 per cent in Thailand. Singapore, with its powerful family planning programme including disincentives, has reached a high of 71 per cent and Hong Kong 61 per cent, but these two city states are in an exceptional position.

It is a step in the right direction for the Government to retain an incentive (now fixed at Rs. 70) for sterilisation. This money comes from the Central government—the States, employers, and others may pay more out of their own funds if so desired. Tamil Nadu has already made the incentive Rs. 85 for tubectomy and Rs. 75 for vasectomy, with the motivator continuing to get Rs. 10 per case.

There is no doubt that incentives and disincentives play a role in persuading people to adopt a method. It would be useful to make a careful, dispassionate and quick study to see how these can be devised and used ethically to help in promoting the small family norm.

As regards methods of family planning, the Government correctly emphasises the "cafeteria approach" whereby acceptors may choose whatever method they please and change it to another when so desired. But the demographic yardstick for the efficacy of the methods has been laid down as follows: 3 IUD insertions, or 6 oral pill users, or 18 condom users are the equivalent of one sterilisation acceptor. While IUDs, oral pills, foam tablets, and condoms can help to space pregnancies, sterilisation is for limiting the size of the family and eliminates the need for continuous use for years together of the reversible methods. Sterilisation (male and female) has now become the world's most favoured method, with 75 million people having resorted to it.

Oral pills are next, with 55 million users.

The techniques of contraception have so advanced that even the surgical procedures of vasectomy and tubectomy have become ambulatory. While vasectomy is an out-patient-department procedure, with the man being able to go home immediately after the operation, even tubectomy is now gradually reaching the stage where the woman operated by the minilap or laparoscopy technique can go home the same day, after a few hours' rest. While IUDs and, to some extent, the pill need medical help, condoms and foam tablets are entirely "home" methods. So are the use of coitus interruptus (still the most popular in England and elsewhere) and the rhythm method.

Family planning services are now available in all hospitals, clinics, Primary Health Centres and so on. But such centres are not enough to cover the whole population and properly organised "camps" are an effective means of overcoming their shortage. The newest development lies in Community Based Distribution, where condoms, tablets and (in some countries) oral pills are available (at a low price) like any other household necessities, from various local sources, like village shops, panchayat offices, ayurveds, mahila mandals, etc. The prototype of Community Based Distribution was evolved in India with Nirodh distribution, but has been further developed in several countries. Community Based Distribution by penetrating the rural areas can help to universalise family planning and produce a demographic impact.

The Population Council in New York in a recent study based on data from 94 developing countries has shown that family planning programmes are more highly associated with declines in the crude birth rate, than purely developmental factors such as improved health, economic well-being, greater education, and urbanisation.

However, it states that the greatest declines have occurred where family planning and socio-economic development go hand in hand.

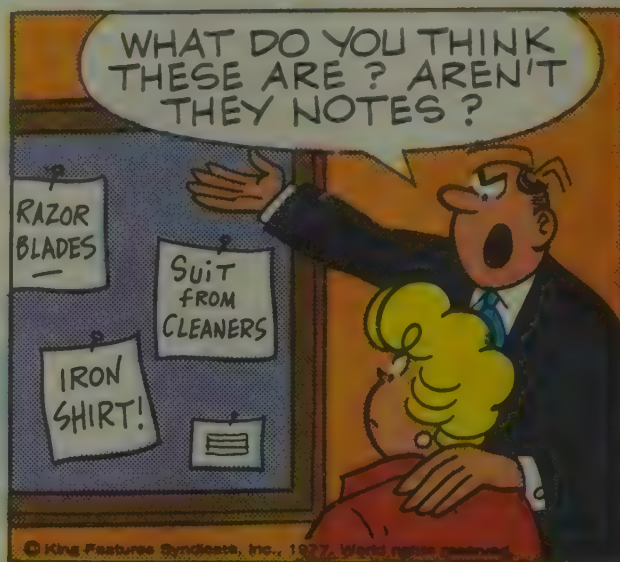
A second study, based on data from 85 developed and developing countries, finds that the relationships between development and fertility are not always the same.

In countries with birth rates under 30 per 1000, increased development has a strong influence on fertility decline. But where the birth rate is higher (as in India), the association between development alone and declining fertility is weak or non-existent.

Ultimately, however, while favourable external and societal factors can be very helpful stimuli, responsible parenthood can be brought about by parents only.

THE LITTLE WOMAN

by Don Tobin



Husband: "A neighbour just told me that the milkman who delivers here makes love to every woman in the building but one."

Wife: "Yeah, it's that sneaky Mrs. Smith on the third floor."

He didn't care how much his wife spent on clothes because, as he put it, "She takes excellent care of her wardrobe." In fact, to press his point, he explained, "The other day I came home and found a guy in the closet watching them."

He was so ugly he looked as if a plastic surgeon had started to lift his face but was interrupted. He was the ugliest soldier in the army. He won the French Medal of Honour for bravery, but never got it because they couldn't find a French general who would kiss him.

The Texas tycoon landed on the roof of a Florida hotel with "his" and "her" helicopters. It took eleven bellhops to unload his baggage, which included sleds, skis, and six Alaskan huskies.

"I beg your pardon, your



excellency," said the startled room clerk. "are you sure you landed in the right place? This is Florida. We never have any snow here."

"Young man," the billionaire said, "the snow is coming with the rest of my baggage in the next plane."

Fred Allen was playing to an audience that sat on its hands throughout his act.

When he returned to his



dressing room, a fellow performer asked, "How did it go, Fred? Did you kill them?"

"No," said Allen, "They were dead when I got there."

They're talking about making men's pants out of wood. Then they won't have zippers — they'll have revolving doors.

He comes from a musical family. He plays the piano accordion out in the garden under the trees. His younger brother plays the harmonica in the back porch on the rail. And his teenaged sister plays the fool in the drawing room on the sofa.

He broke the underwater record by staying under for three hours and twenty-five minutes. Funeral services will be held tomorrow.

Wife: "Do you know you were saying nasty things to

me in your sleep last night?" Husband: "Who was sleeping?"

Two nuts were walking along late at night and they came to a big wall.

One said, "How are we gonna get over it?"

The other said: "Well, I'll shine this torch up there and you climb up the beam."

The first guy said: "Do you think I'm crazy? When I'm halfway up you'll turn off the torch."

The wife came home to find her husband packing. "Where are you going?" she asked.

"To Australia — there's a shortage of men. The women are paying fifty dollars a night for a romance."

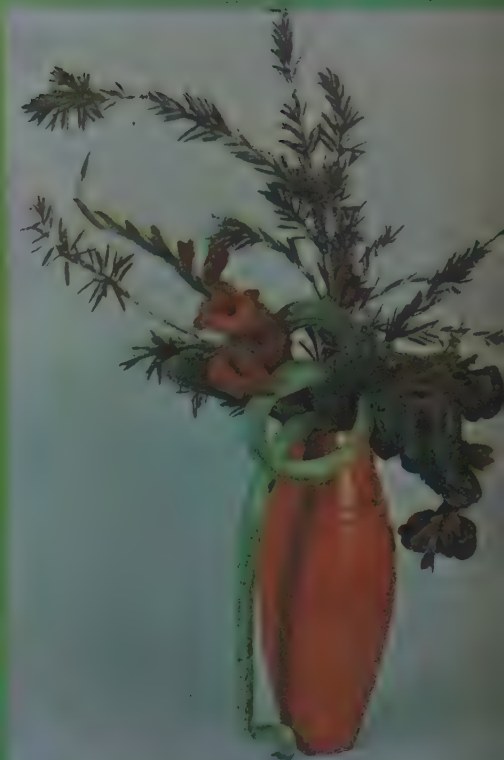
"Unpack," she snarled. "How can you live on fifty dollars a month?"

'Tis strange how the newspapers honour A creature that's called prima donna.

They say not a thing Of how she can sing But write reams on the clothes she has on her.

Compiled by George Fegradoc

A QUEST FOR THE UNUSUAL



Captivating compositions comprising fresh flowers, fruits and vegetables brighten up your home. Use any colour and shape you fancy. So satisfying to make them yourself. Why not try your hand at them?

The attractive arrangements featured here are by Mrs. Shahbibi Padamsee, a Bombay housewife. Pleasing to the eye, in harmonious colour combinations, they reflect her vivid imagination. Versatile Shahbibi has several diplomas in Ikebana from Tokyo. Her leisure hours are well utilised. She has been conducting classes in this interesting art for the past ten years. She has given demonstrations of Ikebana and has also won several prizes in competitions. She runs hobby classes in candle-making and making of chocolates and snacks, and decorative cutting of fruits and vegetables.

A social worker, she has been doing welfare work in hospitals and is associated with welfare institutions.

Photographs: Farokh Reporter

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Avinash Nursing Home was a well-equipped modern clinic. It had a labour room, an operation theatre, a six-bed ward as well as facilities to treat outpatients. It was a shocking eyeopener when the police raided the place and exposed "Dr." Avinash Tiwari as a quack.

Tiwari, whose nameplate proclaimed him to be an M.D., was only a medical student while his wife Manjula, who claimed to be a specialist in women's diseases, had only studied till Inter Arts. Two years ago they set up a small clinic at Kurla, a suburb of Bombay. In March '77 after using forged documents to dupe a long string of unsuspecting officials, they managed to acquire a bank loan and even register their new Nursing Home at Kalina. Incredible as it sounds their racket might have gone undetected for years but for Avinash's poor spelling ability. A patient became suspicious when he noticed that even common words were frequently misspelt on prescriptions and asked the police to verify Avinash's credentials.

The frightening fact is that hundreds of unqualified persons are masquerading as doctors with little fear of being exposed. The Tiwaris' is only the second case to be brought to book in Bombay in the past five years.

In the first case, Kishore Vishwanath Mhatre ran a pathological laboratory, also at Kalina. By introducing himself as a doctor to other doctors, he managed to have several patients referred to him for urine, stool and blood analysis. In September 1975 he was arrested when it was discovered that he had only passed S.S.C.

The diagnosis of a disease is based on the pathologist's report. An inaccurate or faulty report can misguide the physician into prescribing an irrelevant course of treatment or even drugs that might aggravate the condition further. Should complications arise, the responsibility is borne by the physician and not the pathologist.

After being apprehended, in a sentence that makes a flagrant mockery of justice, Mhatre was fined a paltry Rs. 200 plus one day's simple imprisonment. According to the Maharashtra Medical Practitioners' Act, the sentence for the first offence is Rs. 200, for the second offence it's Rs. 300, and for the third offence, Rs. 500. Considering the grim consequences of the offence, consequences borne by defenceless persons, a jail sentence for five years which would serve as a future deterrent seems more appropriate.

Another factor that enables most offenders to escape the eyes of the law is the lack of coordination between the medical and the law enforcement authorities.

QUACKS:

duping the public

Meher Pestonji

While the Indian Medical Council, the Council for Indian Medicines and the Central Council of Homeopathy maintain registers of doctors qualified in the allopathic, ayurvedic and homeopathic systems of medicine respectively, little follow-up action is taken to see that unregistered persons do not practise medicine. Legally it is a public offence for unregistered persons to practise medicine, but in actuality, few practitioners' credentials are verified, unless a complaint is received

against them or they come into conflict with the authorities. Doctors enjoy a privileged status in society and the police are reluctant to launch investigations without valid grounds. They plead they have no way of knowing who is a qualified doctor and who is not. But surely, when people's lives are endangered, there is a greater need for preventive action than for punishments after complaints.

In November 1977, a police raid exposed a racket for issuing false certificates that supposedly authorized persons to practise medicine. The Akhil Maharashtra Medical Practitioners' Association was passing off compounders, peons and even domestic servants as doctors after giving them a perfunctory course of lectures by regular doctors, on subjects like family planning, gynaecology and common tropical diseases. The certificates, instead of making them out to be Registered Medical Practitioners (R.M.P.s) gave them the qualification of Experienced Medical Practitioners (E.M.P.s). Nearly 250 bogus cer-

tificates had been issued, with some of these so-called 'doctors' spreading to Thane, Kalyan and even the interior districts of Kolaba.

The police have called for vigilance on the part of the public, and have appealed to people to check credentials before availing of treatment from unknown doctors, in their own interest. However many persons choose to patronise a quack even when they know he is one. In sensitive areas

little knowledge. This is specially true of ayurveds and homeopaths dispensing modern allopathic drugs. Antibiotics, cortico-steroids and other powerful drugs can have serious side effects. The training of these doctors does not equip them to handle crises which may result from this. The British Medical Encyclopedia defines a quack as one who claims medical skills he does not possess. Thus in the strictest sense they are functioning as quacks. Dispensing medicine without a thorough understanding, they tend to prescribe repeated dosages which over a period of time also tend to build up bacterial resistance to the drug itself.

Quacks are mainly patronized by the poverty-stricken population who are primarily attracted to them because their charges are usually considerably less than those of most legitimate doctors who have undergone several years of expensive training. Actually in the long run, repeated visits are necessitated and this tends to increase the overall cost. There is further economic loss as a result of absence from work because of incapacitation. Moreover as illnesses drag on endlessly, added complications arise, sometimes resulting in serious permanent handicaps.

At an eye camp at Jalgaon, 70 cataract operations were performed at a concessional rate. Two weeks later, 20 of the patients became blind, and several others had serious eye-infections. The 'philanthropic doctor' had vanished into thin air. Rural eye camps offer a free rein for the unscrupulous to play havoc with the gullible. A survey of blind beggars at Ludhiana revealed that none had been born blind and nearly 50 per cent had lost their sight as a result of faulty treatment! Haryana is the only state that has managed to contain malpractices to some extent by making it obligatory for the Chief Medical Officer at every rural health centre to visit and report on eye camps organized by private parties in his area.

In rural areas a greater hazard is posed by the indigeneous brand of quacks — the ojahs or health astrologers who wield a considerable influence over the people. Here poverty and illiteracy combine to create a sense of complacent hopelessness. Suffering and death are accepted as the effect of a malignant formation of stars or the wrath of an enraged god who needs to be appeased. Time, energy and meagre resources are spent on pujas, sacrifices and pilgrimages, often to end in pitiful despair. But it is only this implicit belief in a falling but undying god that allows life to go on.

Equally grave, though perhaps not quite so reprehensible, are the acts of doctors qualified in one system of medicine, who dabble in another of which they have

the sunflower turns
to look at the sun
giving glare for glare
while I foolishly stare
at the golden fly
that's come in between
to divert the eye
while the sun and flower
continue their game
without a name

Nature our teacher



The mood of yellow
bright or mellow from
Apcolite Superacrylic Emulsion



asian paints

EXOTICA!



Jewellery ranging from the exotic traditional to the mod, in 'Kundan' setting, the glittering gems against pure silver, are a favourite with the fashion-conscious. For the young Miss, a whole range of silver trinkets — 'balis,' pendants, chokers, bangles and rings — have a special appeal. Other attractions which send them into raptures are the pearl strings and other items together with Rajasthan lacquer work jewellery — very colourful indeed..

Courtesy : Ajanta Jewellerys, Karol Bagh, Delhi.
Photographs : Harbans Mody

ABOVE LEFT : For the young and glamorous, a colourful necklace, earrings and 'tika', all set in 'kundan' style in silver.

LEFT : Bridal jewellery — beautiful nose ring, 'tika' and 'hathphool' which covers the entire hand, in 'kundan' setting.

ABOVE : Elegant silver necklace with embossed pendant, 'balis' with ghungrus, bangles and rings in matching pattern.



I have given up football. I used to be an ace player once. So many times I have been asked by organisers to change my decision and join in the fray again. Time and again I have endured their entreaties and remained impassive. One fatal mistake was my undoing. I have suffered all these years much more perhaps than Ranbir who went out before he knew what was amiss. It was I who saw him pitch forward, ran up to cradle his head in my lap and watched him grow limp. The field was agog with shouts and the vast crowds who had turned up in record numbers to witness the match of the year, were suddenly silenced in anxious expectation.

"I think he's fainted," I said. He was the goal keeper of the opposing team and the ball I kicked between the posts had got him squarely in the chest. I heard the shrill whistle of an approaching ambulance and my hair stood on end. I was terrified of hospitals and operations, the smell of antiseptic and stark white rooms. As a child I had memories fraught with pain. Two men clad in white came at a run across the field. As they lifted Ranbir and placed him on a stretcher, I touched one of the men on the hand and asked, "Will he be all right?"

They didn't reply. The referee blew the whistle to clear the field of stragglers and the reserve goalie ran up. Whatever happened, the game had to go on. The ball felt ugly. I was sick with an inexplicable dread. I stood motionless. The crowd was abuzz, waiting for the game to continue, willing me to shoot the winning goal in the short time left.

"I want to go to the hospital with Ranbir," I said to my team mate Chetan.

"Are you crazy?" he cried. "Get on with the game. You're the hero of the match. The team's relying on you to get the trophy."

That's how it was. In spite of tragedy and grim pain, the game had to go on. In the end I did shoot that crucial goal before the close of the game, but it gave me no pleasure. Even when my team mates picked me up and carried me round the field shoulder high, I was begging them to put me down.

I got away from the throng of admirers, the crush of autograph hunters and took a taxi to the hospital where they'd taken Ranbir. In the lobby outside the intensive care ward, I saw a doctor talking to a young woman. I went up at a run and asked anxiously, "How is Ranbir?" The young woman swung on me, her eyes swimming with tears.

"You swine!" she said to me, "you killed him. Murdered him in cold blood."

She lunged at me and would have clawed at my eyes with her long pointed nails, if a couple of medical attendants hadn't extricated me in the nick of time. Her nails scratched my face and drew blood. But the pain of the physical hurt was negligible compared to the mental agony. Two nurses led her away to keep her under sedation and I sank on a bench.

The doctor whom I'd questioned, touched my shoulder kindly. "It was not your fault,"

he said. "Such things are inevitable in a game."

I clutched his hand wildly. "No." I almost screamed. "She was right. I killed him in a callous, cold blooded way in front of thousands of spectators. I even went on playing after they had borne him away. I went on to make another goal and win the match. Wasn't it the height of brutality?"

He didn't argue. He left me sitting there alone and walked away.

Her name was Basanti and she worked at a hosiery store. I found out after a great deal of effort where she stayed and how she was tending for herself. People were not very cooperative. They wanted to know who I was and why I was asking all these ques-

tions. When they learnt I was a football player, they became tight-lipped and uncommunicative.

Ranbir's wife had apparently built a wall round herself and a greater part of her husband's old life. She lived in another world now, completely cut off from her old friends, brooding a great deal of the time, wrapped up in her dull work, hardly going out. There was a child too. I learnt that in the course of my questioning of friends and neighbours — a son called Suraj, about six or seven years old, who went to the Three Stars School. I watched him returning from school once with an old servant who carried his bag. I had bought a couple of chocolates in anticipation and now I went up and gave them to him. He stared at me for a brief instant and then his face broke into a smile.

The servant looked questioningly at me. "I was a friend of his father," I said. Then I turned round and walked away.

She probably relayed the incident to her mistress, because the next day instead of the toothless old woman who normally fetched him from school, I saw Basanti herself. I came forward because I had bought him an ice-cream today and it was already melting in my hands.

"Here," I said holding it out. He stretched out his hands to take it, but before he

*It was strange how love
was born, in the midst of
grim tragedy, guilt
and mental suffering.*

I MARRIED THE WIDOW OF THE MAN I KILLED



could make contact, her palm lunged out and knocked it out of my hands.

"We don't need your pity," she snapped. "We can manage very well on our own." The ice-cream melted into the dust, the child stared askance at us.

"Please," I pleaded. "Don't be so harsh." She gave a dry laugh wrenched from her recent suffering.

"So I am harsh, is it?" she lashed out. "And what of you who unfeelingly killed my husband?"

"I'm sorry," I said. "I didn't intend to do any harm."

"Come Suraj," she said. "We have no time to waste." He grasped her outstretched palm and they walked away from me.

I stood still for a moment and then walked away.

Two months after Ranbir's death on the playing field, there was another match. I was all right during the practice sessions, which made me believe I would go through with it all right. But when the day actually dawned and there were five minutes left for start of play, I found I couldn't go out on the field. My legs shook like jelly and my hands trembled like those of an old man.

Chetan, who had urged me to go on with the game at the last match when Ranbir was injured, came up now and tried to instil confidence in me.

"You're a great player," he said. "We haven't seen such dexterity in years. We're going to win again."

"No Chetan," I said. "I'm afraid I can't do it. Look at my hands. Look at my legs."

He got me a cup of strong coffee, but it didn't help. My morale was smashed.

"Look," he tried to reason. "I know what your problem is. You're afraid you'll kill a man again. But you won't. Such things just don't happen all the time."

I don't know what monster got into me when he said this, because I just lunged out at him. The next minute he was lying on the floor at my feet, his jaw bone cracked.

They took me for a medical examination too, when they carried Chetan away. I think the doctors suspected there was something much more seriously wrong with me than was apparent from the outside. I was referred to two psychiatrists. By the time they had done with me, I was worse off than before. Not only did my limbs tremble, I had lost my appetite, too. Overnight I grew pale and began to lose weight at an alarming rate. They gave me injections and tonics, but I grew depressed and gloomy and was unable to sleep at night. My insomnia played havoc with my nerves. My eyes grew red and dark ringed and my skin became mottled.

I was alarmed. I had no idea that mental tension could wreck one's physique so completely. One day I got a shock. They had kept me in a single room with a nurse in attendance, saying I was being hospitalised for some weeks. One day I wandered out into the spacious grounds and found a strange board outside. Mental Asylum. I looked around wildly. They had tricked me all this while. They had put me in a home for loonies. I ran back to my room.

"I'm not mad!" I screamed. "I'm not mad!" The nurse came back hearing my cries. Soon there was a thunder of running footsteps. They held me down while I battled. They gave me an injection which made me drowsy in the extreme. I drifted off into sleep.

When I woke up, I felt much better. There was a woman in the room. She was seated across from me in a straight backed chair. The moment I saw her I recoiled in horror. Her nails were sharp and seemed like talons. I was sure she would claw my face. It was Basanti.

She was alone. She hadn't brought the boy.

"What have you done to yourself, Balram?" she said quietly. I relaxed at her tone. Some calm seemed to enter my heart. I only wanted to hear her voice. . . go on hearing her voice. There was balm in it, infinitely soothing.

I closed my eyes. Her voice went on. "I should have gone to pieces," she said. "Not you. You're a man. You're strong. Pull yourself together."

My voice broke and I began to cry and blubber like a child. She came closer then and cradled my head on her shoulder and stroked my back, soothing me all the time. I mumbled incoherently, "I should have helped you. . . honestly. But I am not worthy. . . I. . . can't even walk without trembling."

"Hush," she said. "Everything will be all right."

"I must help you. . ." I began.

"You can help me by getting well soon," she said.

She stood up. The doctor came into the room and there seemed to pass between him and Basanti an imperceptible nod.

Thereafter she came every day and gradually I grew stronger. I could sleep better. I even ate more. Three months later they discharged me. She came to receive me at the gate of the asylum in a taxi. She had the boy Suraj with her. The boy beamed as soon as he saw me.

"Will you buy me an ice-cream?" he asked eagerly.

She drew a loving hand over his head. "He will buy you everything by and by," she said. "We're going to be the best of friends."

I got into the taxi.

It was the most natural thing in the world for me to take her hand.

"Thank you," I said with tears in my eyes. "Thank you, Basanti. I would never have pulled through without you." She smiled and when she did, her eyes were filled with past remorse, memories of lonely nights, of agonising nightmares and God knows what else.

"If you can stand the sight of me," I said, "perhaps we can make a home."

"Oh Balram!" she said. That was all.

It is strange how love can be born in the midst of grim tragedy and guilt and mental suffering. In spite of the dross, when in finally emerges, it is as pure and unsullied as the dew-kissed early morning flower.

"Are we going to spend all day here?" asked Suraj.

I came to the present with a start.

"Go anywhere," I said to the taxi driver, "to some place where we can get ice-cream. Today we start a new life."

QUIZ

Hegman

1. What could be the possible relationship between the author of Frankenstein or the modern Prometheus, and the writer of Prometheus Unbound?
2. Which road is said to be paved with good intentions?
3. What is the white of an egg called?
4. Which famous philosopher was a student of Socrates and the teacher of Aristotle?
5. Which bird did Picasso immortalise as the Bird of Peace?
6. If you were born and bred on the banks of the Murrumbidgee river, what would be your nationality?
7. What's the common element in protein, laughing gas and dynamite?
8. Which brilliant Harijan lawyer was the architect of the Indian Constitution?
9. Who wrote a) Moby Dick b) The White Whaie?
10. Harindranath Chattopadhyaya, poet, has a more famous poetess sister. Name her.
11. Recently, a famous football side played Mohun Bagun in Calcutta. Which side was it?
12. What are the capital cities of a) Belgium b) Cambodia c) Rumania?
13. Who's the odd man out among these: Nadia Comaneci, Olga Korbut, Nellie Kim and Mary Peters.
14. Which scientist do you associate with each of the following: Kite, tea-kettle, apple.
15. When filled with hot water, what cracks quicker—a thick glass or a thin one?
16. What did the wives of Lot, Bluebeard and Adam have in common?
17. In the Asterix comic series, what is the name of Obelix's best friend?
18. What is an infant's wardrobe called?
19. If you suffer from acute coryza, what's the matter with you?
20. Who said "History is bunk"?

20. Henry Ford.
19. You have got a terrific cold.
18. A layette.
17. Asterix.
16. They were all inquisitive.
15. A thick one.
- Newton.
14. Benjamin Franklin, James Watt, Issac nasts.
13. Mary Peters. The rest are all gymnasts.
12. a) Brussels, b) Phnom Penh c) Bucharest.
11. New York Cosmos.
10. Sarojini Naidu.
9. Herman Melville. a) and b) are one and the same.
8. Dr. Bhim Rao Ambedkar.
7. Nitrogen.
6. Australian.
5. Dove.
4. Plato.
3. Albumen.
2. The road to hell.
1. Husband and wife.

ANSWERS TO QUIZ



Smart girls take to versatile easy-wear cotton knits or synthetic blended knit fabrics and gorgeous prints . . . in styles that suit the mood and occasion. Strike a fresh note of harmony in your wardrobe with some nifty new creations — lounging caftans, feminine maxis, charming salwar-kamiz and shape-hugging harem suits. So, if you are clever, you'll go places — from sports to dining and dancing — in these exciting ensembles for the new look in fashion.

HOLIDAY



HIT HITS!



LEFT: There's no better way to start the new year than in a flowing harem blue printed caftan with wide raglan sleeves caught at the wrist with royal blue buttoned cuffs and repeating the fabric pleated at the waist and collar, or in a strawberry pink with white and blue floral print maxi with a plunging neckline and flared skirt.

CENTRE: For a starry night, go seductively feminine in a body curving maxi with an off-shoulder cross-ruffle, banded in red and a matching neck band with a red rose; while a mango-sherbat orange flared maxi skirt with a floral design is worn with a matching orange butterfly top trimmed with white rick-rack.

RIGHT: Two for the road! A red and grey printed cotton-knit salwar-kamiz is highlighted with plenty of red rick-rack braid and worn with a red chiffon dupatta; while shapely, sexy blue cotton-knit harem pants and stringed neckline top which can be worn in and out, is trimmed with dark blue rick-rack braid



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beauty bulletin

PATCH TEST IS ESSENTIAL

I have heard that some girls break out into a rash after the use of a hair dye. Is this true?

V. N. G. (Pune)

If one is allergic to a tint and/or semi-permanent rinse and were to use either without taking a patch test first, the result might be a scalp rash, itching, or swelling etc. If the test is done, there is no possibility of a strong allergic reaction. This should be done a day prior to the colouring session.

HAIR PROBLEM

I have very thin hair. I have styled it into a page boy style because it is easy to manage and care for. But my problem is that it always comes in front of my eyes, what should I do?

P. J. (Bombay)

Have your hair shaped professionally to give it style and line. Then set it on large rollers start-

STYLE HAIR WITH CARE



ing at the crown, to give it fullness and help keep its shape. Since your hair is thin, a soft permanent will add bounce. After it is cut and shaped properly, a hair spray will keep your set tidy. Brush hair daily for added control.

CHAPPED HANDS

My hands often get chapped during the winter months. This is a great handicap to me since I do most of the household chores. Is there any method of preventing this?

V. E. (Delhi)

You have to take special care of your hands — protect them by wearing gloves when you do household chores. Avoid too much wetting and soaping of hands and make sure they are completely dry after washing.

To prevent them from cracking, rub on them glycerine mixed with rose water. Nightly massage them with a good nourishing cream. If you are doing a lot of scrubbing or washing, the loss of moisture is high during winter—therefore, use a moisturising lotion during the day.

TRY THIS EXERCISE

When I come home in the evenings after office, I am very tired and get a slight pain in my lower back. Please suggest some exercise for this.

When I apply powder it cakes around my nose. Any remedy?

D. M. (Calcutta)

Here is a relaxing exercise for you to try:

Sit deep in a chair. Raise arms overhead, reaching as far back as possible. Holding back arched, lean forward keeping head and arms as high as possible. Inhale as you stretch back, exhale as you lean forward. Repeat this three times.

The lighter liquid type of foundation is best for you. Use a little bit and spread it thinly. Before powdering over it, blot with a tissue to remove excess. Powder should be used very lightly.

BOSOM DEVELOPING EXERCISE

I have a small bustline — it measures only about 31". Can you suggest an easy exercise to develop it? Can you tell how to prepare a home-made mouth-wash?

G. K. S. (Nasik)

Stand straight and scissor your arms, without bending them, across your chest twice, so that the one which is on top the first time is underneath the next. Keep them going at shoulder level in this manner, rhythmically, as long as you can.

To prepare a mouth wash at home, just add juice of half a lemon to a glass of water.

HEALTH CARE

Continued from page 11

Who will educate the community? Here we come to the question of health workers — who they are, how they should be trained. The Government has recently introduced the Community Health Workers' Scheme. This is decidedly the first step. There must be at least one, and preferably two — one male and one female — health workers in every village, selected by the village community. They must be trained to begin the process of health education in their communities and to act as catalysts to stimulate efforts to improve health conditions in their village. Lastly, they can be trained to diagnose and treat common ailments and diseases.

Who will train the village workers? The female worker should be trained by Auxiliary-Nurse-Midwives and the male by the Male Multi-Purpose-Workers who were themselves Vaccinators, Sanitary Inspectors or Malaria workers, before they were retrained into one, "multi-purpose" cadre.

The next step is to make the subcentre (with a population of 10000-15000), and not the PHC, the nucleus of rural health. The subcentre is much more accessible to its surrounding population.

The subcentre should be headed by a Health Assistant who is the head of the team and should provide all the basic services of immunization, care of women and children, treatment of illnesses and emergencies, family planning, prevention of communicable diseases, and health education. The Health Assistant is basically trained for preventive, promotive and supervisory work, though he has some curative skills as well.

The existing PHCs should be gradually converted into mini-hospitals with all the curative facilities. Doctors will be much happier in such an environment, when they don't have preventive duties for which they are not trained.

But this does not conclude the picture. The most important change needed is that the so-called "peripheral" health structure — i.e., the subcentre and its team as described above — must be responsible to the community they serve rather than to the health bureaucracy. In other words, they should be selected by the community, trained within the area, and then employed by the community. For this, the Government would have to route the necessary funds to the Panchayat Samitis and the Gram Panchayats.

This would have two important advantages — when workers serve the very community in which they were born and brought up,

they will have a far greater understanding of the problems of the area, and they will feel a greater sense of commitment to their jobs, they won't have the communication problems an outsider faces. On the other hand, by employing their own workers, the community can exercise social controls on their workers to limit exploitation or negligence. One of the biggest problems of today's health services is that of supervising farflung health workers who work or don't without much fear of detection or upbraiding. If the community becomes the supervisor, workers cannot shirk their duties with such ease.

The question arises whether this system would not lend itself to political manipulation — no doubt it will, but if it does, the community will themselves suffer, and will themselves have to correct it.

The second advantage is that this system will generate thousands of jobs in the rural areas — which fits in with the national goal of creating employment potential in the rural areas.

These are only a few solutions — or rather, a few beginnings. There are countless other changes and approaches necessary but they would fill a book. I only suggest that our major needs at the moment in the health sphere are community responsibility, health education, and limiting the head-

long race for sophistication spearheaded by the medical profession. Let us put back into focus, into perspective, our goals and our actions.

Who are we working for? David Selbourne describes movingly what the official or professional may soullessly call the "target-group," or "the beneficiary":

"We may describe...women getting down to it in the dusty early morning, squatting low beside the wicker baskets...They are unseen, crouching beneath notice...They move sideways, with toe-holds in the earth, the old women with tired drawn faces...In the heat of the afternoon, a vein protrudes across the front of a bared and glazed shin, point of tension in a day's crouching...Between her knees is a small naked child, swathed in her skirts; she suckles him as she works...not a madonna with a child, but a tired woman working, yet with a faint smile and glitter at her nostril. Her bare feet, silver-ringed, are still planted in earth, at the day's end." (An Eye to India, p. 67)

Let us act, remembering only who is the sufferer, who the betrayed.

FOR THE
WOMAN WHO FEELS
EVERY MOMENT IS
PRECIOUS



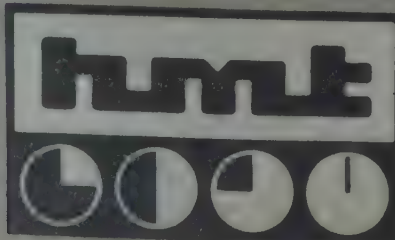
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Marketing Division

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SHIKAMPURI KABABS

- 500 grams lean meat, minced
- 1 onion, minced
- 3 cloves garlic, minced
- 1" piece ginger
- 3 green chillis, minced
- 1 sprig coriander, chopped
- 2 tsp. turmeric powder
- 1 tsp. cumminseed powder
- 1 tsp. ground almonds
- 1 tsp. ground caraway seeds
- 1 tsp. garam masala powder
- 1 tsp. ground cinnamon
- 1 tsp. ground cardamoms
- 1 tbsp. ground gram flour
- 1 tbsp. thick coconut milk
- 1 tbsp. margarine

FILLING :

- 1 cup dry curd
- 1 tbsp. mint paste
- Salt to taste
- Cooking fat for frying



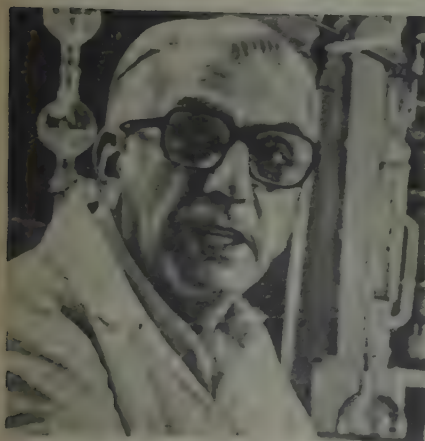
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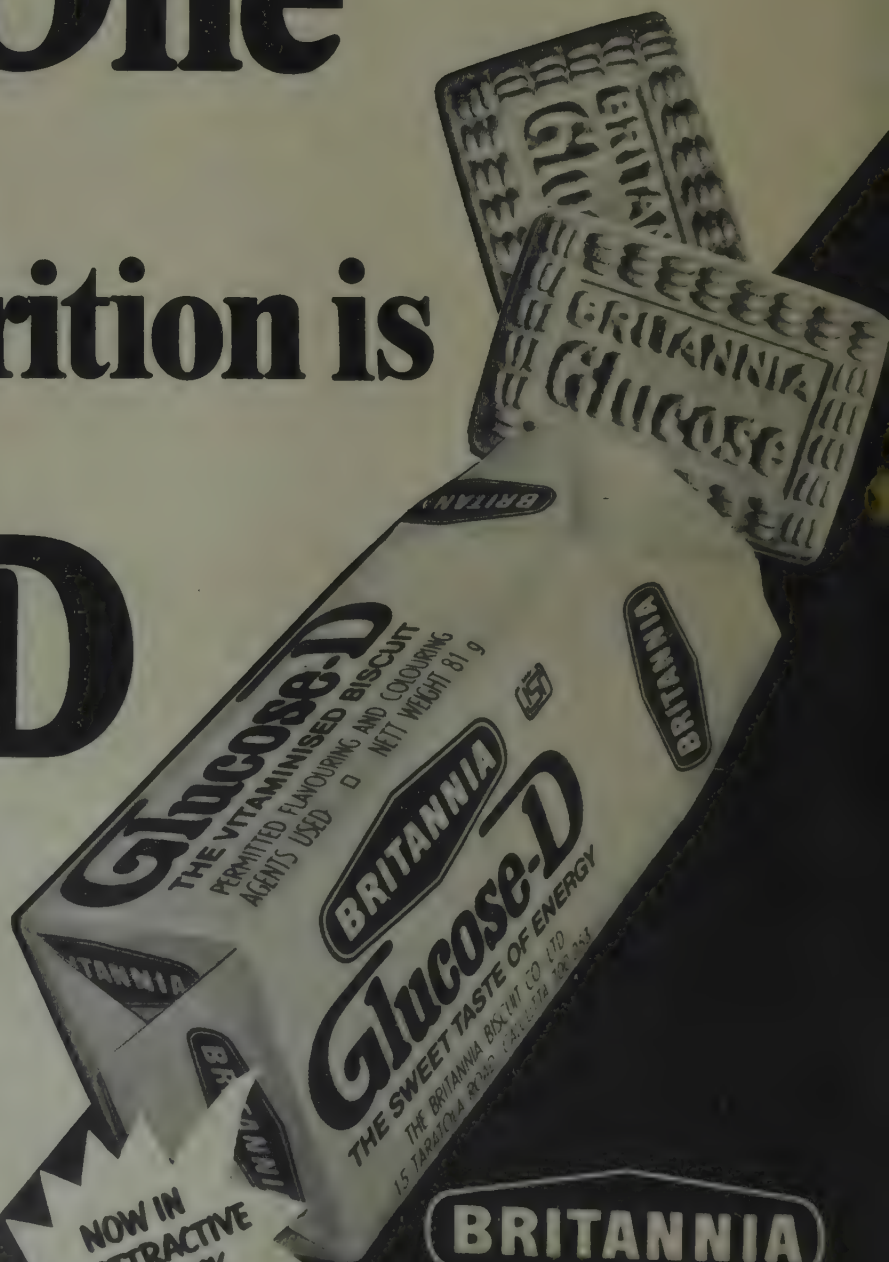
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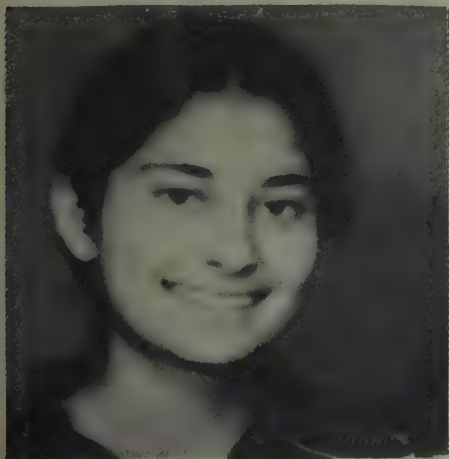


Miss Jayashree Basu Chaudhary,
Agra

MEAT A LA GRILL

- 1 kg. mutton
- 250 grams curd
- 2 tsps. ground pepper
- 50 grams poppy seeds, ground to paste
- 200 grams ghee
- Salt to taste
- 1 tbsp. soya-bean sauce

Wash the meat thoroughly with water. After washing mix curd, pepper, salt, poppy seeds and almond paste. Cover and let stand for an hour. Heat the ghee in a dekchi and put the marinated meat in it. Cover and cook on slow fire. Keep stirring now and again till the meat becomes tender. Add soya-bean sauce. Fry for twenty minutes on a high flame, and serve it hot with puri.



Monica Bali, Hyderabad

CARROT CAKE

- 2 cups maida
- 2 cups castor sugar
- 4 eggs
- 2 tsp. bicarbonate of soda
- 1 tsp. salt
- 1 1/2 cups oil
- 3 cups grated carrots
- 1 cup chopped nuts
- 2 tsps. cinnamon powder

Sift together maida, soda and salt. Beat eggs. Add castor sugar and oil. Gradually add the sifted maida, soda and salt. Beat with a wooden spoon till all the maida is mixed evenly.

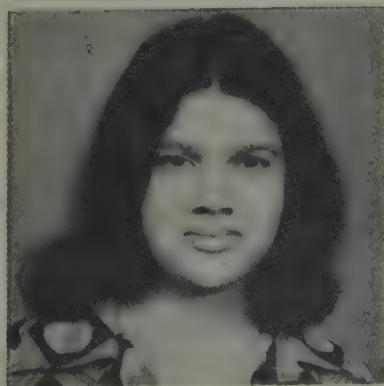
Now add the chopped nuts and powdered cinnamon. Gradually stir in the grated carrots, adding a little at a time, till it is evenly distributed. Now divide the mixture and pour it into two 8-inch tins lined with greased paper.

Bake for 1-1 1/2 hour in a very moderate oven (350 deg. F. — gas Mark 3).

ICING: (Optional)

- 1/2 cup butter
- 1/2 cup brown sugar
- 2 tbsps. milk
- 1 cup castor sugar

Put the butter in a heavy bottomed pan. Gradually melt it on a low fire. Slowly stir in the brown sugar. Now remove from the fire and stir in the milk and castor sugar. Beat till a creamy texture is obtained. Spread this on the top of the cake and decorate with halved walnuts.



Mrs. Jessica Gnanandickam
of Madras wins Rs. 50 plus
a non-stick sandwich toaster
and a Tin-O-Mat from
Trupti Industries, Bombay.

SUNDIA

- 1/2 kg. boneless, fatless mutton
- 1/2 large coconut
- 2 large onions
- 2 large limes
- 25 grams ginger
- 4-5 green chillis
- 1 1/2 tbsps. coriander powder
- 1 1/2 tsps. chilli powder
- 1 tbsp. salt
- A pinch of turmeric powder
- Oil for frying



Mrs. Aparna Ray,
Jullundur Cantt.

FISH KABAB

- 1 kg. fish (any variety)
- 2 large onions
- 25 grams ginger
- 4 cloves garlic
- 1 bunch of coriander leaves
- 1 tbsp. garam masala
- 1 tbsp. red chilli powder
- 6 slices bread
- 4 green chillis, minced
- 1 tsp. turmeric powder
- 1 tsp. sugar
- 2 eggs
- 100 grams bread crumbs
- Oil or ghee
- Salt to taste

Chop the fish into large pieces, boil them and take out all the bones from it and mash. Chop

the onions finely and grind garlic and ginger. Fry them in a little ghee till slightly brown. Now add turmeric powder, chilli and garam masala and fry till golden brown. Mix this mixture in the fish dough, also mix some finely chopped coriander leaves and green chillis. Dip the bread slices in water. Squeeze out the water and mix it in the dough. Beat the eggs well. Make kababs out of the fish mixture, dip them in the beaten eggs, sprinkle with bread crumbs and fry till golden brown. Do the same with the rest and serve hot with tomato ketchup.



Mrs. O. C. Srinarayan,
Cannanore

PRAWN PEPPER CURRY

- 1 kg. medium sized prawns
- 1 large onion (sliced)
- 5 pods garlic, chopped
- 1" piece ginger, minced
- 1 tbsp. chilli powder
- 1 tbsp. peppercorn
- 1 tsp. cumminseed
- 1/2 tsp. turmeric powder
- 1 tbsp. tamarind, mixed with 1/2 cup water
- 2 tbsps. oil for seasoning

Broil on very low fire the chilli powder, peppercorns, cumminseeds and turmeric on a dry pan until dark brown. Then grind to a smooth paste. Pour oil in pan and fry sliced onion, garlic and ginger and add the ground ingredients. Cook for about three minutes, then put in prawns, strained tamarind juice and salt to taste. Cook over slow fire for 10 minutes. Serve with rice.

ATTENTION, COOKERY ENTHUSIASTS!

Each recipe for the weekly and monthly contests and Recipes From Readers' page must be accompanied by this coupon. Those not accompanied by the coupon and a passport size photograph will not be considered for publication.

Address your entry to the Cookery Editor, Eve's Weekly Ltd., Bombay Samachar Marg, Fort, Bombay-400 023

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Wash the minced meat and squeeze out the water. Heat one tablespoon margarine and lightly fry the chopped onion, garlic, ginger and green chillis. Add the rest of the spices and mix thoroughly and fry for five minutes. Add minced meat and thick coconut milk and salt to taste and cook for 10-15 minutes longer. Turn out the mixture on a stone mortar or mincing machine and grind to a fine paste. Blend together the curd, mint paste and a pinch of salt. Take sufficient meat paste to form a ball the size of an egg. Make a depression in the centre and fill with the curd mixture. Then gradually work the meat upwards until the mixture is covered and then flatten to a round cutlet (kabab). Heat a griddle, rub well with a little cooking fat and slowly fry the kababs to an even brown on both sides. Serve hot with tomato or mint chutney.

MADRAS KOFTA CURRY

1 kg. finely minced mutton
1 tbsp. coriander powder
1 tsp. ground turmeric
1 tsp. mustard powder
1 tsp. cumminseed powder
1 tsp. ginger, minced
1 tsp. chilli powder
1 tbsp. minced onion
1 clove of garlic, minced
1 egg
4 green chillis
1 tbsp. flour
FOR GRAVY:
1 tbsp. chopped onion
1 clove of garlic, crushed
4 dry red chillis
1 tbsp. tamarind pulp
1 cup coconut milk
Salt to taste
6 tbsps. cooking fat

Wash the minced meat and squeeze out the water completely. Mix together the coriander, turmeric, mustard, cumminseed powder, ginger, chilli powder, onion, minced garlic and chopped green chillis. Now mix one-third of this mixture with the minced meat together with the egg and salt to taste and blend thoroughly. With slightly floured hands, form the mixture into small balls, the size of a large walnut.

Heat about three tablespoons of cooking fat in a heavy dekchi and lightly fry the meat balls for five to six minutes until evenly browned. Remove and keep aside. In the same dekchi add the rest of the cooking fat and lightly fry the onions, garlic and dry chillis, split lengthwise for two minutes. Add the remaining spice mixture, stir for a few minutes longer then add the thin coconut milk, tamarind pulp and salt to taste and bring to boil. Drop the meat balls into the liquid mixture, slowly and carefully, then cover and cook on a slow fire for half an hour. Do not stir too often or the meat balls will break. Serve hot with rice.

DRY MINCED MEAT CURRY

500 grams minced mutton
1 tbsp. ghee or cooking fat
1 tbsp. minced onions
2 tsps. ginger paste
2 cloves of garlic
3 green chillis, chopped
1 tbsp. curry powder
1 ds. sp. vinegar
1 tbsp. grated coconut
Salt and chilli powder to taste
Wash and squeeze out the water from the minced meat. Heat the fat and fry onion and ginger paste, crushed garlic, chopped chillis until soft. Add curry powder, stir for one minute then add the minced meat, chilli powder and salt and fry well for 10 minutes. Add one cup of warm water, cover and cook until the water is nearly dry. Stir in the vinegar and grated coconut and let it cook until the meat is completely dry. Serve hot.

NARGIS KABAB

500 grams mutton, minced finely
Salt to taste
Ghee
10 eggs
GRIND TO A FINE PASTE:
1" piece ginger
2 cloves of garlic
1 tsp. cumminseed
1 tsp. coriander seeds
1 tsp. turmeric powder
1 tsp. red chilli powder
1" piece cinnamon
4 cloves

Hard boil eight eggs and shell. Slightly heat the remaining two eggs. Boil the minced meat thoroughly and mix well with the ground paste and beaten eggs. With the hands, coat the hard boiled eggs thickly with this mixture. Take very little fat (about half cup) in a heavy dekchi, heat over a medium fire and fry the kababs for about 10 minutes. Slice kababs carefully lengthwise. Serve with wedges of sour lime.

CUTLETS IN TOMATO GRAVY

250 grams minced meat
1 small bunch green coriander
4 mint leaves
2 green chillis
1 tsp. turmeric
1 tsp. refined salt

1 tsp. ginger garlic paste
Wheat flour
2 eggs, well-beaten
Ghee
GRAVY:
500 grams ripe tomatoes
2 tsps. ghee
1 heaped tsp. wheat flour
5 black peppercorns
1 stick cinnamon
1 tsp. chilli powder
A pinch of salt
4 drops cochineal (optional)
Add to the minced meat the finely chopped green coriander, mint, chillis, chilli powder, turmeric, salt, ground garlic and ginger. Mix all these into the minced meat with your fingers and leave aside for at least 20 minutes. Now divide minced meat into small balls and flatten into cutlets. Sprinkle a little flour on to the cutlets. When all are ready dip them, one by one, in egg batter and fry in deep fat till light brown.

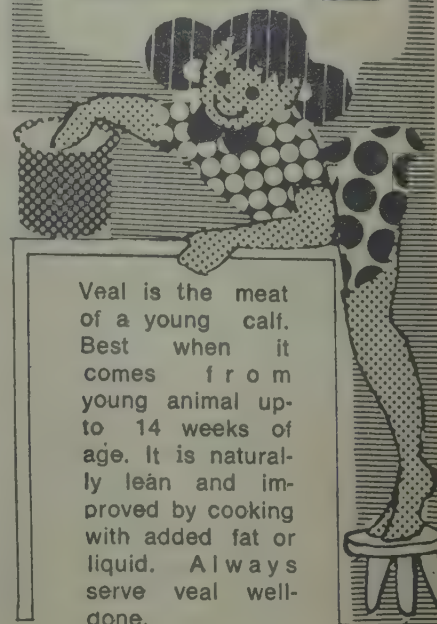
FOR GRAVY:
Wash the tomatoes and boil them in water till soft. Squeeze the tomatoes and pass the juice through a sieve. In an aluminium dekchi heat ghee. Add and fry flour for a few seconds, (do not allow it to brown). Stir in tomato juice, peppercorns, cinnamon, chilli powder and salt. Stir the gravy over a gentle heat till it becomes thick enough to pour on the cutlets. To give it an appetising colour, add four drops of cochineal.

MUGHLAI SHAMI KABAB

60 grams ghee
1 tbsp. garam masala powder
1 tsp. turmeric powder
3-4 green chillis, chopped
1 tsp. gresh ginger, minced
2 cloves garlic, minced
500 grams minced mutton
1 tbsp. gram flour
A little lime juice
3 eggs
1 onion (minced)

Fry lightly in ghee all the spices for three to four minutes. Then add the meat and cook for about 10 minutes with the pan uncovered. Add a tablespoon of gram flour, salt and sour lime juice to taste. Turn the mixture out to cool. Then grind in mincer to a fine paste. Hard boil three eggs

cuckoo lal



Veal is the meat of a young calf. Best when it comes from young animal up to 14 weeks of age. It is naturally lean and improved by cooking with added fat or liquid. Always serve veal well-done.

and dice into small pieces. Chop one raw onion. Shape the meat round cutlets, stuffing them with a mixture of onions and egg. Fry in the usual way and serve with onion rings and sliced lemon.

TANDOORI KHEEMA KABAB

250 grams large intestines
4" piece ginger
2 cloves garlic
1 tomato
1 tsp. garam masala
250 grams minced mutton
1 tsp. chilli powder
Salt to taste
1 bunch coriander leaves

Wash intestines thoroughly in salted water without splitting into halves. Grind ginger, garlic and tomato, combine with garam masala and mix it well, then add to the minced meat. Add also chilli powder, salt to taste, and keep aside for one hour. Then take the intestines, the one end firmly tie with twine, and through opening on the other end, stuff in the mince mixture carefully then tie and firmly. Rub the stuffed intestines with powdered salt on the outside then grill them six inches above heat. Keep turning them off-and-on so that they get nicely browned on all sides. Remove, cut in one-inch pieces.

ATTENTION COOKERY CONTESTANTS!

SPECIAL PRIZES

FOR WEEKLY WINNERS AND COOKERY QUEEN OF THE MONTH

Prize winner of our weekly cookery contest will get in addition to the usual Rs. 50. 00 cash prize, a non-stick coated Sandwich Toaster and a Tin-O-Mat. All the above mentioned items are from TRUPTI INDUSTRIES, BOMBAY, famous for their Sapp-hire non-stick, scratch resistant kitchen ware. So, send in your best vegetarian or non-vegetarian recipe accompanied with photograph and coupon to the Cookery Editor, Eve's Weekly, Apollo Street, Bombay 400 023.



The Cookery Queen of the month will receive in addition to Rs. 100.00, a saucepot (Jan. 1978).

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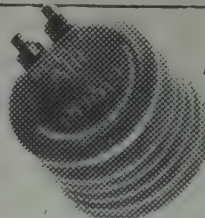
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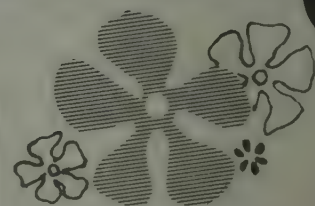
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children's page

Kamal Aurora

WHAT'S FOR DINNER TONIGHT?

Join the dots and find out!



THE ADVENTURES OF omphy- momphy tak tak

Omphy Momphy was thinking very hard. At last he asked the boy sitting next to him in class. "What did you give your mother for her birthday?"

The boy said he was not sure. "I think I gave her an apple," he said finally.

"That is a good present," said Omphy Momphy.

After class Omphy Momphy asked his friend Mun Mun; "Did you get a birthday present for your mother?"

"Oh yes," said Mun Mun. "One year I bought three balloons that

stick to the roof of the room. I left them in my mother's room as a surprise.

"What birthday present do you want to give?" he asked.

"I don't know," said Omphy Momphy.

"Would you like to give a beautiful flower?" asked Mun Mun.

"Where will we get it from?" asked Omphy Momphy.

"I don't know," said Mun Mun. The teacher was walking by.

"Now what mischief are you two up to?" she asked.

Omphy Momphy and Mun Mun stood up. "We were thinking," said Omphy Momphy.

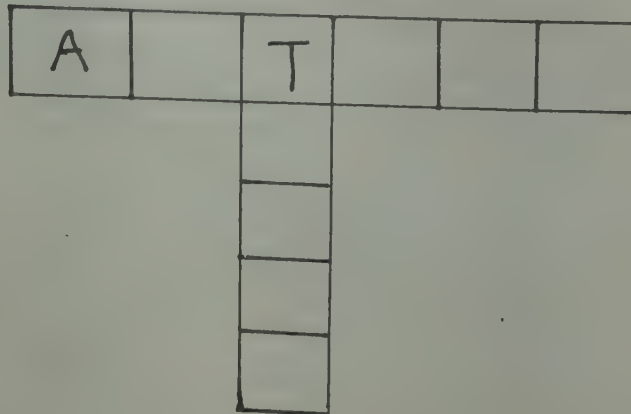


ALPHABET CROSSWORD

1. Clues

A is for the person who uses a brush and paint.

T is for bread that is warmed by heat.

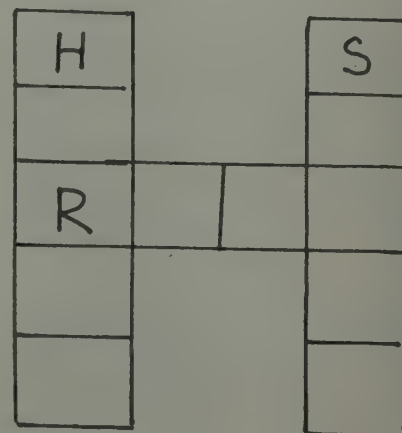


2. Clues

H is for an animal for which you use a saddle.

R is for a red flower which has thorns on its stem.

S is another name for water vapour which you see when you boil water.



"What about?" asked the teacher with a smile.

"About flowers," said Mun Mun.

"FLOWERS?" asked the teacher.

"Yes," said Omphy Momphy, "we want to get a very beautiful flower."

"From where?" asked the teacher.

"We don't know," said Omphy Momphy.

The teacher was smiling. "Let me help you," she said. "Now, what is your problem?"

"It is my Mummy's birthday and I want to give her a flower as a present," said Omphy Momphy.

"Mmmm..." said the teacher. "Come with me. We shall ask the school gardener if he will let us take just one flower from his garden."

"Namaste!" said the gardener.

"Namaste, Hari Ram," said the teacher. "Can you help us?" And then teacher told the gardener all about the birthday present.

"Come and see," said the gardener, "When you like a flower, call me."

"I like that flower," said Omphy Momphy suddenly, pointing at a big bright yellow flower.

"It is called a chrysanthemum," said teacher.

"What?" asked Omphy Momphy and Mun Mun together.

Teacher smiled and repeated slowly, "Chry-san-the-mum."

"Chry..." said Mun Mun.

"San-the..." said teacher.

"MUM!" laughed Omphy Momphy. "Mum for mummy!"

When Omphy Momphy carried the flower home and gave it to his mother as a birthday present, his mother hugged and kissed him and said, "Thank you!"

"Do you know the name of the flower, Mummy and Daddy?" asked Omphy Momphy.

"You tell us," they said together. "MUM!" shouted Omphy Momphy.

2. Answers: Horse, Rose, Steam.

1. Answers: Artist, Toast.

ALPHABET CROSSWORD

Roast chicken with salad.

TONIGHT?

WHAT'S FOR DINNER

ANSWERS

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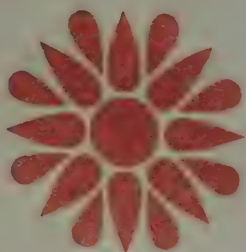
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RAAKESH ROSHAN: out of the gossip columns



Whenever I meet Rakesh Roshan I find him sitting nervously with his fingers crossed! Rakesh always remembers to call you over to his place just before one of his releases. This time it was prior to the release of "Khatta Meetha".

He lives in Juhu — the favourite area of filmwalas. His building houses film people like Mahendra Sandhu and Ranjeeta Kaur besides Rakesh's younger brother, Rajesh Roshan. In a terrace garden, from where you get a view of the beach, Rakesh has a table and chairs put around it. Apparently that is the part of the house he likes best. For he sits and discusses films, film stars and filmi events on the terrace.

The night before I met him Rakesh had seen father-in-law J. Om Prakash's "Apnapan". "I can't believe that Reena Roy has given such a fantastic performance. She has always been good but I had the impression that she was best at fast, 'chatpati' roles. But in this movie she has an emotional role and I cried like a kid when I saw her on the screen..."

Then he switched over to "Aadha Din Aadhi Raat" which he hadn't seen but had heard about. "I believe Vinod Khanna has given a terrific performance in it. I tell you, when luck is on your side everything comes in a row. Look at the way every film of Vinod's is doing at the box office. One hit after the other..."

For Rakesh himself, things

***Staunchly
religious and a
fatalist, Rakesh
has "consciously
been trying to
keep out of
scandals..."***

N. Bharathi

haven't been too bad. Last year he had "Hatyara", "Priyatama" and "Anand Ashram" which were successful.

"Yes, I know, they've been good for me. I have signed some new films recently and they're all good ones. But I'm really nervous about 'Khatta Meetha'. The film has come out well and I hope it does good business. While the other successful films have featured me in secondary roles, I play the lead role in 'Khatta Meetha' and that makes a difference."

Rakesh, unlike his friends in the industry, isn't keen on investing in any kind of business. Vinod Mehra, Vinod Khanna, Shashi Kapoor and Amjad Khan are some of the younger stars who've taken up distribution. Amjad also has a share in a restaurant in Bangalore. Actually, all the male stars



are investing their income in various businesses to ensure their future safety. But Rakesh Roshan doesn't quite believe in it. "Not at the moment anyway. What'll I do with more money? Besides, I'm a very poor businessman. I'm only interested in acting."

These days everybody talks about gossip columnists after the Dharmendra-incident where two journalists were treated rudely by the star. Rakesh agreed that everybody was at fault since there have been instances of stars encouraging it more than deploring it. Gossip, however hasn't affected Rakesh's family life in any way. "Because I have never been featured in any gossip column. But even if there were something, I'm sure my wife will not take it too seriously..."

Rakesh is rather clever at handling his personal life. He has

a pretty wife (Pinky) and two kids. His son will be packed off to a boarding school as soon as he's a little older (he's hardly 4 now). His daughter will stay at home and be reared carefully. While Rakesh has great plans of bringing up his son to be an independent young man ("I wanted to have kids early in my life so that I can grow up with them"), plans for his daughter are very different.

How would you handle the situation if your daughter were to become a film actress, I asked him.

"I wouldn't encourage her to go in that direction," he immediately answered. "It's all right to be an actress. But after that what? Tell me, which actress has managed to settle down happily after many years of public adulation?" Ideally, he admitted, he liked nothing better than the thought of his daughter getting married and settling down happily with some man — but she's barely nine-years-old now.

Rakesh has been very careful about himself too. To be frank, I doubt if he's a saint. Rakesh, however, has managed to keep out of the gossip columns and out of trouble at home.

As far as his films go, he's sure that things are moving in the right direction. The failure of "Bullet" disappointed him but the other films which did well in 1977 have brightened him up considerably. "Even to be associated with a hit film is enough to get you lots of work. Do you remember my guest role in 'Inkaar'? The film is doing super business and even that small guest role has helped me no end!"

Like many of the other film folks, Rakesh is staunchly religious and a great believer in destiny. He fasts twice a week and doesn't touch alcohol on Mondays and Fridays. Does fasting help bring success? "Maybe," he says. "Maybe not. But a little fasting here and there is good for the system. It's not as if I look undernourished. Keeping off food now and then helps me feel light and alert."

"It's the destiny which is all important. We film people like to call it 'time'. If your 'time' is bad, then nothing can help you. The best of banners, the best of directors, the best of scripts cannot give your career a boost. But if the 'time' is good, even mediocre set-ups can turn out to be big hits. Even the films which you had mentally marked off as dead losses turn out to be winners. It's because of this belief in destiny that I've consciously been trying to keep out of scandals, gossip and other gimmicks of being in the news. When your 'time' comes, you don't have to lift a finger — you're in the news automatically."

Photograph: Harmeet Kathuria



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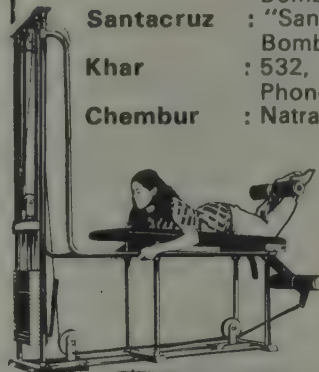
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DEVOTION



*He had spurned her
because of her devotion
to the weak. Now
his own weakness and
dependence brought
them together*

Pramilla Bharat Singh

Sumitra looked at the young faces around her. Their expressions varied, but mostly they showed a bold, healthy, carefree attitude. This was her class — the eighth standard: Boys and girls between the ages of 12 and 15. She felt an affinity with them. Was it because there was so much she had wanted from life which had eluded her — her desires, her expectations?

She knew why the students seemed fidgety and restless. There were only 15 minutes to school break. She looked at the book in front of her.

"Sushil Verma," she called out loudly.

"Yes Miss."

A thin lean bespectacled boy with a high intelligent forehead stood up. There was confidence in his bearing. It was as if he already knew that the subject matter in his book was good.

"Your definition of the word 'devotion' is very good. Will you come and read it out to the class?"

The high voice of Sushil rang out clearly.

"Devotion is the state of being devoted to anything or anyone. It is expressed very clearly in the words of Dwight.

"All the duties of religion are eminently solemn and venerable in the eyes of children. But none will so strongly prove the sincerity of the parent, none so powerfully awaken the reverence of the child, none so happily recommend the instruction he receives, as family devotions, particular those in which petitions for the children occupy a distinguished place."

The bell rang out loud and clear. The children heaved a sigh of relief. To them Devotion had been

a boring subject. They would have preferred something like Ability, Conduct, Economy or Knowledge as a subject. They couldn't be bothered with God or human beings, especially their elders, at this age.

Sumitra watched them file out of the class. She knew their indifference to the subject. A pity because...

She suddenly thought of Sushil. She held up a hand. The boy came hesitantly towards her desk. The class emptied out.

Sushil had brought the dominant question in her mind to the forefront. The boy was good in studies but his English had always been poor. She had wanted to speak to him before on the subject. Yet today he had excelled himself. He appeared well-read. This had whetted her curiosity.

"Sushil, your essay was good. Did you do it on your own or did someone help you?"

"My father, miss."

Sumitra was glad to find him honest. She had always liked him.

"You know you were supposed to give your own definition. That way you develop your own ideas and values in life." Her voice was slightly reproving.

"Actually I did not mean to ask him. He was reading 'The New Dictionary of Thoughts', and asked me what my problem was. He then just handed me the book and I..." The young voice trailed off.

"All right, Sushil, I am glad you were frank. I had already wanted to speak to you on your English. You should have extra coaching otherwise your final results are bound to suffer. A pity, because you are good in all your other subjects."

The boy appeared hesitant then he spoke out resolutely.

"Miss, I cannot stay back after class, because...because..."

"Yes, Sushil," Sumitra prompted him gently.

"My father is a cripple."

She stared at the young face. Oh God! Not him! He was so young.

His voice carried on gravely. "Also we cannot afford the tuition fees."

All her sympathy, love and affection for the young rose powerfully in her being. She had taught children of all age groups for the past 15 years. She had always grown attached to them and had been sorry to see them leave, but never before had she come across such a tragic case.

"Cannot your mother spare you for half-an-hour? I could teach you free of cost."

"I have no mother. She died in the same accident in which my father was crippled two years ago." That made him 13, Sumitra calculated. What could she say?

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DEVOTION

I understand your plight?"

"There must be somebody else in the house besides your father." She drew him gently forward.

"My aunty did come to stay with us after the accident but she made our life one big hell." She was sure they must be his father's words. "My father just told her to go away. And we have managed very well on our own." There was pride in the young voice.

"Couldn't your father manage for half an hour?" she asked him.

"No. You see, miss, it is like this. As soon as I reach home I go to the booth to collect the milk bottles. At the same time I buy all the vegetables and fruit. By the time I come back father has prepared the tea. A woman comes in the morning and evening to cook our meals. So we are quite comfortable. I then do my homework and my father does his."

Sumitra looked blankly at his face. Sushil elaborated quickly. "Miss, when my father was crippled the firm helped us. He is an architect. Now they send all their work to him at home and it is collected by one of them later on. They pay him well. My father is a brilliant man," he ended proudly.

There was silence in the room. Sushil began to fidget, afraid that he would miss the bus.

Sumitra looked intently at him, then said slowly, "Sushil, I will come to your house every evening to give you extra tuition. Will that be all right?"

"Miss, oh, miss!" He was overwhelmed. He had never dreamt that anyone could be so generous. "Should I tell my father?" Then a thought struck him. "Miss, how will you come?"

"Don't worry about it. I live quite close to you. The colony I live in is just ahead of yours. So I will drop off near your house and then I can always get a bus back. Go now, I will come tomorrow evening." He got up happily and ran to the door.

"Miss," he called out, "you are sweet." And closed the door quickly behind him.

Sumitra looked at the closed door. It was as if one door had closed and one had opened — the door to the past. The voice of Viney rang out.

"You are being very stupid. You are only 20 years old. You can't devote your whole life to Shireen. And you don't expect us to begin our married life with her around." There was impatience in his voice.

"But Viney," she had pleaded, "I cannot just leave her. She is a baby still. She is only ten years old. She suffers from chronic asthma and the doctor says her heart is weak. She needs care and attention."

"Quite right, Sumo," he pounced on her words. "she needs constant care and who could be better than your brother and his wife?"

"But they are in America." Her voice sounded faint and tired to her own ears. "She is a foreigner. Why should she bother about Shireen?"

"It is his duty." Viney's voice was stubborn.

"Duty, yes, duty," Sumitra's voice assumed new confidence. "I also have a duty, Viney. I had promised father when he had that massive heart attack that I would look after Shireen. I must keep my promise to him."

"How will you keep her?" scoffed Viney.

"I have just finished my B. Ed. I will take up a teaching post nearby. And our house on top can be rented out. That rent should pay for our upkeep."

"Stop living in dreams," he cut in rudely. "I mean what I say. Either you send Shireen to America or we break up. Make up your mind. You can send her to any of your aunts. There must be someone she can stay with. You are so young, Sumitra. You can't be expected to devote your whole life to her. You say she has a weak heart. God knows how long she will live. We can't wait."

Sumitra wanted to strike him across the face. She lifted her hand. It fell heavily to her side. She turned away defeated. She loved Viney, but she loved Shireen more.

So they had parted. She had never thought of marriage again. She knew no one would want her with Shireen. She became cool and indifferent to all men. She became an excellent teacher and devoted all her time to Shireen. Fifteen years had passed thus. It seemed all her emotions and desires had died somewhere during this time. Yet today Sushil had raised her compassion, had made her act impulsively.

Next day after class Sushil asked her anxiously, "Miss you are coming home today aren't you?"

"Yes Sushil, run along. I will be there by six o'clock."

"Don't forget to take the first turning to the right, miss. There is a park there and our house is opposite it. A-4 is the number." His voice sounded excited. He seemed unconvinced that she could make it on her own. Or was he afraid she would not come? "Sushil, I never break promises. And I won't get lost," she smiled.

The bus stopped near the crossroads. Sumitra got down quickly. She passed a slim hand over her head. She adjusted her saree and drew the pallu over her shoulders. She had always been particular about her appearance. Viney had always complimented her on her appearance and sometimes had gently teased her. "You are like a white rose. Pure, fair,

and ice-cold — until I touch you." Passion had crept into his tones.

Sumitra shook her head. Why did she have to remember Viney?

She saw the park and her footsteps quickened. As she drew nearer she saw the thin body of Sushil scanning the roadside. She raised her arm, then dropped it quickly. He was just another of her pupils. She must not be extra friendly or show any favouritism.

"Hello Sushil."

His anxious frown disappeared. "Oh, good evening miss. Please come in." Eagerly he led her inside a small house. Children peeped from upstairs.

Sushil said, "Our tenants are very inquisitive, miss. Don't mind them."

Sumitra smiled at the adult tone.

"Daddy, here is Miss Sumitra. Miss, my father. Don't bother about your crutches, father. Miss knows all about you. I will just get the tea tray for all of us." In his eagerness to please everyone Sushil, who was usually so perceptive, failed to note the tenseness of the two figures.

Viney could not have picked up his crutches even if he had wanted to. Shock held him spellbound. An older vision but still his beloved Sumo. For the first time since his accident he wished he was whole again.

Sumitra also wished the same. Never in her wildest dreams could she have imagined that they would meet in such circumstances. Was this humble, slightly bent, grey-haired stranger her beloved Viney? Where was the arrogant man who had demanded of her, "You can't be expected to devote all your life to her. You are so young?"

"How is Shireen?" he asked at last.

"She died three years ago." Even now her voice broke on her name.

"I am sorry." He wished he could retract the harsh words he had uttered long ago. At that moment Sushil entered with a heavily laden tray. "Miss you will pour out our tea today."

Unbidden tears sprang into her eyes. She looked down and occupied herself with the teacups. So young — only 13 — and his whole life spent in devotion to a man he loved. It shone in his eyes in his behaviour, in his thoughtfulness to his father. The tragedy was that it had happened to a man who had hated the very idea of dependency. How did he feel?

She looked up and met his eyes. It seemed like a life-time passed in that look. He did not want her pity. He lifted his head, the arrogance was there once again.

"I am also sorry," she murmured. "Here Sushil, finish your tea. We must begin our work, or I will never catch that bus. Excuse us Mr. Verma."



Devi

When Sawan Kumar Tak and wife Usha Khanna contemplated a divorce, family friend director Sandip Sethi got married quietly to a quiet girl. Reports insist he got scared that he may be forced to become a Sultan Ahmad who offered his shoulder to deserted Jahanara and ended up by marrying her.

Sandip Sethi tried to pull out Raj Khosla from the Centaur swimming pool, but Raj Khosla was so happy floating in the pool, in full suit, tie etc. that he pulled Sandip in. Like two shy virgins, they flopped

THE RAJPUT IN HIDING

around. And that was not the only funny finale to Mus-hir Riaz's "Rajput" mahurat.

A little before that Dharmendra kept three bony horses, director Goldie and guests waiting in the sun for one hour. No, it had nothing to do with his Rajput turban or the costume. He had Hema Malini on his left and the Rajput sword in his right hand, and his cutlery down below, but he could not face me. He peeped from behind the curtain, then Rajesh peeped too. Vinod Khanna sat back. Dharam threatened to walk out. So a desperate Goldie asked me to help him out of the situation.

In any case my reporting was over. I had noted down the colour of the eyes, hair etc. of the three horses, also the Centaur pool colour and the colour on Dimple's cheek (a fallow yellow) and Goldie's red cap and rust coat. So I was off, escorted by Goldie and George of French T.V. His chamchas gave Dharam the "All clear, no khatra" signal and he whipped out his sword and Hema tried to look noble and arrogant (an expression beyond her) as they came down. And whilst the nobleman Vinod Khanna sat back, Rajesh Khanna later hugged Dharmendra. "You are my brother" (a la Sanjay) he told Dharam. Since Rajesh the Rajput always fires over someone else's shoulder, I can understand the Rajputs' love for each other and though many frustrated folks, mainly the Tashwali wives of filmfolks say that "Acha hua usko bahar nikala", Satpal, who is out and out a Dharam-Rajesh man said, "What guts, this Devi came like a Rajputani in open fire", etc.

Natives of different parts of the world have different skin colours—some are light skinned while others are dark coloured. In our country the prevailing skin colour is brown. Skin colour is uniform all over the body, but in some places, like the palm of the hand and the sole of the foot, it is much lighter. So also the parts of the body which are normally covered with clothes. Even though this difference does exist, there is no abrupt change of colour, there is always a gradual change.

However, sometimes abnormally coloured or discoloured spots and patches appear on the skin. We shall discuss the white spots as well as the coloured spots that may appear on the skin.

Normal Skin :

The principle source of skin colour is a black pigment called melanin. Besides this, the blood in the blood vessels of the skin also contribute to skin colour. Melanin is synthesized in specialised cells of the skin called melanocytes. These cells are scattered in the deeper part of the epidermis—the upper layer of the skin. Through hollow tube-like processes this colouring material is transferred to all the cells of the skin. Skin colour largely depends upon the activity of these cells and the efficient transfer of this pigment to all the epidermal cells of the skin. This pigment gives black colour to our hair. Melanin serves a very useful function in protecting our body from many types of harmful rays, especially the ultra-violet rays. This is one of the reasons why the people living near the equator have dark-coloured skins, while those living away from it have lighter coloured skins.

Difference Between Black And White Skin :

It is quite interesting to know that the number of melanocytes per unit area of skin surface is the same in all the races. The colour variation is related to the functional activity of these cells. More melanin is produced in the black and brown races while in Caucasian races the activity of melanocytes is much less.

Disturbances Of Colour :

Several factors influence the colour of the skin. Colour changes will occur depending upon the nature and intensity of the influencing factor. Sometimes, the activity of some cells is decreased, resulting in light coloured or white patches and sometimes, with the increase in the activity of these cells, dark patches result. For instance, a thermal burn or skin rash usually produces a hypopigmented white patch. For practical purposes, all white patches are called Leucoderma and all dark patches are called Melanoderma.

White Patches—The Reasons :

In some persons, the white patches or the complete lack of

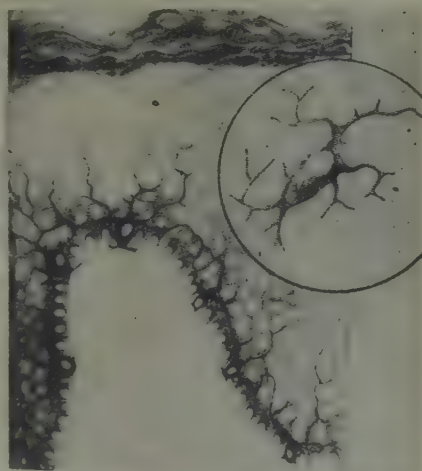


Dr. Padam Singhvi
MS., F.R.C.S. (Eng.)

Advisers : **Dr. T. K. Mehta**
Dr. R. G. Valia

PIGMENTATION DISORDERS OF THE SKIN

Social stigma
and popular
misconceptions
can make life
unnecessarily
traumatic for affected
persons



A section of normal skin, showing melanocytes.

There is no need to get panicky about dark patches that appear during pregnancy.

colour is congenital, while in others these patches are acquired.

Those who have complete loss of pigment from birth are known as Albinos. Those with partial loss of this pigment are called partial albinos. In these cases this is genetically transmitted. Total albinos lack pigment in the hair and iris of eye also. In partial albinos, the patches remain stationary throughout and do not progress.

In the acquired variety, there are several types. In children, areas of oval-shaped, light-coloured patches can appear, particularly on the cheeks and upper limbs, and especially during the winter. These children usually have naturally dry skin. In these cases, the normal colour is eventually restored. Ordinary baby cream or oil are useful in these cases.

Various kinds of infections of the skin can lead to various types of pigment disorders. Superficial fungal infection is commonly seen on the covered parts. These light patches are irregular in shape and are covered with fine scales and there is no itching sen-

sation. At times, these patches may be in the shape of tiny round spots seen around hair openings. This condition is usually curable by local applications.

Following rash, eczema, prickly heat, psoriasis, etc., the colour of the skin may change but in these cases the normal colour is restored after the recovery.

Leprosy And White Spots:

Any white spot which is non-itchy and persists for some length of time should always be examined to rule out leprosy. If the area is numb and anaesthetic then the suspicion that it is leprosy is strengthened.

If the adjoining cutaneous nerve is also thickened and tender, the diagnosis is more or less confirmed in favour of leprosy. Therefore, it is mandatory that all such suspicious patches should be investigated thoroughly to diagnose leprosy in the early stages so that it can be treated.

Physical Leucoderma :

These spots follow from any injury to the skin. This injury could be in the form of burns or pressure. A tightly worn dhoti or sari may cause a white line around the waist due to pressure. This pressure inhibits or destroys the pigment producing cells resulting in hypopigmented patches.

A good number of such cases recover once the pressure is relieved.

At times deficiency of essential foods like proteins and vitamins can also cause such patches. Such patches disappear fully once the deficiency is made good.

Characteristics Of Leucoderma:

Leucoderma or Vitiligo can make its appearance at any age in either sex on normal skin. Initially such patches may appear faint but later these become distinctly white. These may be of any shape and size but usually they are symmetrical and bilateral. The parts of body commonly afflicted are face, back of hands, neck, folds of the body, etc. These are particularly seen around the body openings e.g. mouth, eyes,



genitalia, etc. At times these patches are seen following the course of a particular nerve or a nerve segment.

The patches have a very distinct outline. The hair growing on these patches may be white or black. These patches are non-itchy and are normal in all other respects. They are prone to sunburn. They usually maintain the same appearance for years but they have the tendency to spread slowly.

Vitiligo is a global problem. It occurs in all races and affects one per cent or more of the world's population. The incidence may be a little higher in our country.



ABOVE: Patches on fingers and hands, caused by leucoderma.

BELOW: Dark colouration of face following cosmetic use. Substandard or adulterated cosmetics can cause this darkening.

Leucoderma is considered as an inherited familial disorder. Although various schools of thoughts exist about the hereditary nature of this disease, the family incidence reported is five to ten per cent. In western countries this incidence is upto 35 per cent.

An Occupational Hazard:

Workers who are sensitive to rubber, who wear gloves for occupational safety may develop such spots on their hands. Similarly, some persons who wear rubber chappals with V-shaped straps may develop light stripes on their feet under the straps.

According to some people industrial chemicals, oils, detergents and other chemicals cause leucoderma in workers who constantly handle the same. Strangely enough, depigmentation appears in other areas apart from that which is in immediate contact with the chemicals. A word of caution: patients suffering from leucoderma should avoid contact with rubber and plastic articles of daily use.

Still, we do not know all the factors that cause leucoderma. But anything that damages the skin can cause pigment disturbance. This occurs at the sites of rubbing, scratching, pressure, burns, etc. Heavy smokers deve-

lop such spots on their lips due to constant irritation. Mental upsets and emotional tensions are a few of the mental injuries that may predispose to leucoderma.

Misconceptions About Leucoderma:

Leucoderma is only a pigment disorder which is not caused by any germs. It is neither infectious nor contagious. It cannot be transmitted by physical contact. Leucoderma is not caused by any kind of malignancy in the blood.

Indigestion, gas trouble, parasitic infestation, amoebiasis, are often blamed for the occurrence of these spots — quite incorrectly. Though treatment of such ail-



ments is absolutely necessary one must not blindly associate these spots with these problems.

Various food articles and their combinations have been blamed for the appearance of these spots. Fish and milk, dudhi and milk, onion and milk do not cause leucoderma. A nutritious diet is always helpful.

Sometimes, leucoderma is associated with internal systemic disorders like abnormal functioning of the thyroid and adrenal glands. Some diseases like pernicious anaemia and scleroderma may give rise to light patches.

Treatment:

As we do not know the causes of this disease, it is difficult to formulate a definite pattern of

treatment. In India Bouchi oil and Bouchi seeds have been used effectively. Nowadays chemical extracts are used both orally and for local applications. Commonest amongst such preparations is 8-methoxy psoralen. After oral use and local application plenty of exposure to sunlight is required to get good effect. This compound increases the reactivity of the skin. The melanin production is also increased. It actually works as a sun-tanning agent. To avoid sunburn, it should be diluted properly and should be wiped off after proper sun exposure. Long proper treatment is necessary.

And drugs like corticosteroids are quite useful. These are given orally and are applied locally also. Long wave ultraviolet light, which is also known as black light, has been found to be quite effective in treating leucoderma.

In the early stage of the disease, when the spots are small with plenty of hair and there is no strong familial tendency, the success rate is high, if proper and prolonged treatment is taken. In extensive leucoderma, with a strong family history and more spots on the fingers and the mucous membrane of the mouth, the results are not very encouraging.

Leucoderma is basically a cosmetic problem and except for the colour difference, the skin is absolutely normal. It should not prevent patients of this disease from getting married.

Hyperpigmented Spots:

Dark or black spots evoke considerable anxiety in the people, especially when they are around the eyes, on the face, neck and other exposed areas of the body.

It is truly a difficult problem. Besides other things, one of the major causes of this is the use of various cosmetics. Either the perfume content or the perfume base of these cosmetics may be largely responsible for such changes. Common cosmetics like creams, powders, sprays and even highly perfumed soaps containing sandalwood, lime oil, eau-de-cologne, etc. can cause this gradual complexion change. In males, perfumed brilliantine, scented after-shave lotions and hair-oils can cause darkening of skin.

Substandard and adulterated cosmetics also cause darkening. These act as tanning agents. When sunlight falls on areas where these are used, the skin tans. Though this form of pigmentation is usually uniform, sometimes scattered intensely bead-like dark spots are also seen.

Drug Reactions:

There are several drugs that act as photosensitizers. Their administration may lead to increased pigmentation on the exposed skin. Sometimes the pigmentation is preceded by an itchy rash and a burning sensation. The drugs that commonly cause such problems are those of the phenothiazide group, sulphonamide related

compounds, some antibiotics like tetracycline, etc.

Hormones And Dark Spots:

Hormonal changes in women during pregnancy can cause brownish pigmentation on the face, forehead and cheeks. In a few women using contraceptive hormone pills this problem can occur. Once the offending cause (either pregnancy or pills) is removed and the normal hormonal balance is restored the skin returns to normal.

Dark Rings Around Eyes:

Sometimes this is a family trait. In some cases an examination of eyes for refractory errors is indicated.

Most people have such rings due to lack of both physical and mental relaxation. The darkening is governed by the melanocyte stimulating hormone of the anterior pituitary gland. At times lack of vitamins and good nourishment can also be the cause of such rings.

As a cure you are advised to take proper rest and sleep, reduce mental tension and eat nourishing food with adequate vitamins. These rings are not permanent.

Dark Spots In Workers:

Many industrial workers suffer from dark patches, specially those who are involved in production of tar products, petroleum products, cutting or greasing or lubricating oils, etc. Here these spots appear on parts exposed to the sun.

The correct approach should be preventive and such workers should wear protective aprons, gloves and masks when required.

Again, internal disorders in hormone producing glands like thyroid and adrenal glands may cause abnormal pigmentation. Malaria, Kalazar and some liver disorders may produce pigmentation.

Moles And Nivae:

These are nothing but an aggregate of melanocytes. They are seldom seen at birth but may appear any time later on, especially after puberty.

Since these represent a developmental anomaly there is no specific treatment available for moles. If these cause a cosmetic problem or disfigurement, they may be excised, preferably by a plastic surgeon.

If a mole starts itching or it starts increasing in size or turns red and the surrounding areas start swelling, one should suspect it to be cancer and should consult a surgeon at the earliest.

Usually a person affected by either light or dark patches enjoys good health and is normal in every respect. But these spots cause so much emotional and mental agony that they attain more importance than they deserve. More problems are created by the social stigma and misconceptions attached to these abnormalities of pigmentation than by their own qualities.

people and events



At the Annual Trade Fair and Open House held recently at the Institute of Catering Technology and Applied Nutrition, Bombay, Mrs. Nargis Dutt who inaugurated it is seen with Miss Thangam Philip, principal and Mrs. Shakunthala Jagannathan, director of tourism (5th and 2nd from left.)



RIGHT: Mrs. Shanti Sadiq Ali releases "Elephanta" the 149th title of the Amar Chitra Katha series. On her left is Mrs. S. Jagannathan who wrote the script and on her right, Dr. Narayana Menon, director, NCPA, who presided over the function held in Bombay.

ABOVE: At the funfair organised by Sophia College in aid of the cyclone affected victims, are from left Ligia Naronha, gen. secretary, Susan Lobo treasurer, Gita Bajaj, president, Pamela Goswami and Serita Sethi, asst. gen. secretary.

Meena Chavan of the Dadar School for the Blind measures out ingredients at a demonstration at the cookery exhibition held at the 24th World Vegetarian Congress in Bombay.



Mr. Wankhede, Minister of Industries, (centre) inaugurates the Christmas Bazaar held in the Oberoi Sheraton, Bombay. With him are from left Mr. A. Siddiqi, G. M. Oberoi Sheraton, Dr. Rufeie, M. D. Emirafe Sudan Investment Corporation, Mrs. Toni Siddiqi, asst. mgr. Guest Relations, Shehnaz Mistry, Guest Relations, and Mrs. Mani of Satyajit Enterprises.



LEFT: Mrs. Radha Raghavan, patron, BHEL Ladies' Club, Delhi, presents a cheque of Rs. 5,000 to the Prime Minister for the Andhra Pradesh cyclone victims.



BELOW: At the fashion show and beauty contest organised by Silver King of Oberoi Sheraton, Bombay at Hotel Blue Diamond, Pune, are, from left, Shashi Kapoor, runners up Anisha Kochhar (left) and Marilyn Goolamier (right) Amitabh Bachchan, winner Sheila Mordecai, and Teresa Pereira, winner of the consolation prize.



bombay

Dadar School for the Blind recently participated in the Cookery Exhibition organised at the 24th World Vegetarian Congress. Meena Chavan and Suman Kapure won prizes in demonstrating the preparation of Spinach Salad.

The Indian Embassy in Cairo, with the assistance of the Indian community organised a charity film show of the Indian film "Kabhi Kabhi" in aid of the Wafa Wal Amal (Faith and Hope) Society, which is dedicated to the care of the handicapped. The proceeds of this show amounting to LE 2,501 (Pounds Egyptian) equivalent to about Rs. 50,000 were presented by Mrs. Padma Chib, wife of the

evaluation. Prof. A. N. Kot-hare, who delivered the keynote address, stressed the role of training the mind and memory as an essential factor for better performance.

Jeet Chhabda held her first exhibition at Pundole Art Gallery with collage as her form. Her debut had a professional touch. Her work showed a sensitive eye for colour and composition. A preview held before the exhibition had several distinguished personalities of Bombay's art world present.

delhi

The Directorate of Extension, Ministry of Agriculture and Irrigation, Government of India, held an exhibition-cum-demonstration of nutritious recipes at Pragati Mai-

The much-awaited book "Faces of Everest", by Major H. P. S. Ahluwalia, was released by Prime Minister Morarji Desai at a glittering function at Hotel Maurya. The guests were thrilled to see among the guests, Mr. Tenzing Norgay — the legendary conquerer of the Everest.

bangalore

Delegates of the XXIV World Vegetarian Congress (India) were treated to a vegetarian lunch and a dinner meet in Bangalore. Dr. Gordon Lotto, President of the International Vegetarian Union, addressed a public meeting under the auspices of the Bangalore University on "Vegetarianism for Health and Happiness." Mr. and Mrs. Scot Nearing, B. C. King, and others gave talks on Ethics of Vegetarianism, Eating for Health and Nutritional aspects of Vegetarianism.

The Housewives' Association arranged a children's carnival at A. V. Education Society. Mrs. Mary Isaac, Bhargavi Satyan, Prema Kuruvilla and Lalitha Justo were in charge of organising it.

pune

Mrs. Aruna Bagchi, additional collector of Pune, inaugurated "The Juliette Low Seminar" held at "Sangam", World Centre of Girl Guides and Scouts. Participants from all over the world attended the Seminar.

ahmedabad

Chitra Visweswaran enthralled the dance lovers of Ahmedabad on the occasion of the three-day cultural festival organised by the Ahmedabad South Indian Association at the Dinesh Hall.

The two-and-a-half hour programme began with the traditional alaripu. She was perfect in her ragamalika. Her abhinava and mudras were excellent.

Mrs. Mrinalini Sarabhai, who inaugurated the festival, complimented the Ahmedabad South Indian Association for its various cultural activities in the city.

Mr. A. Bhashyam, president of the Association, announced a contribution from ASIA for the cyclone hit people of Andhra and Tamil Nadu.

world of eve



MOHINI KUMAR

A graduate of Delhi University, tall and slim Mohini Kumar passed the course in

Russian with distinction and also did a course in French. She had a passion for drama and acted in many plays while in college. She also broadcasted from AIR. She is considered to be among the most successful TV performers.

She has also acted in the Films Division documentary "Abortion" and has made a brief appearance in the much talked about movie "Kissa Kursi Ka".

A voracious reader, Mohini has a great love for Bengali writers like Tagore, Saratchandra and Bankimchandra. She has also read the best in Russian literature. Travel is another of her interests—she has travelled extensively in India and the U.S.

Mohini's ambition is to get into feature films and work with good directors.



NALINI BHIDE

An arts graduate from Indore and now settled in Bombay, Nalini Bhide took

to painting more than ten years back. Her guide was Prof. Bannerjee of Nirmala Niketan.

Nalini finds oil painting the most suitable medium of expression. Her favourite subject is nature and she believes in capturing on canvas whatever beauty she sees and feels in the different moods of nature.

Nalini held her first exhibition of paintings in Bombay in 1972 and the second in 1974. Encouraged by the enthusiastic response her exhibitions received, she held her third one last month.

Nalini started painting in Lucknow, after the birth of her first son.

She was fully encouraged by her husband (himself a poet and president of the Central Railway Cultural organisation in Bombay), who offered to look after the house and children while she painted.

Nalini sketches while travelling, of which they do a lot. She then finishes the paintings in Bombay.

Of her sons, the younger one is a budding painter.



ABOVE: Mrs. Rajalakshmi Sambamoothi, pres, Southern Railway Women's Headquarters Organisation, presenting a cheque of Rs. 5001 on behalf of the Organisation to Mr. M. G. Ramachandran, CM of Tamil Nadu for cyclone victims.



LEFT: Mrs. K. S. Nagarathnamma, Speaker, Karnataka Legislative Assembly, inaugurates the Handicrafts Week at Kaveri Arts and Crafts Emporium, Bangalore. Mrs. Chandrika Guttai, chairman of the Corporation, is seen at her left.

dan. The exhibition tried to place before the people the basic concept of nutrition and how nutritious intakes can be increased through proper storage, selection and preparation of food. Special dishes were prepared based on easily available food. The housewife was also acquainted with the relation between cost of foods and their respective food values. The exhibition was inaugurated by Mrs. Renuka Devi Barkataki, minister of state for Education and Social Welfare.

Indian Ambassador, to Egypt's First Lady, Mme. Jehan El Sadat, who is also the Chief Patron of Wafa Wal Amal.

700 students from various colleges of Bombay attended a full-day intensive Memory-Training Programme conducted by Mr. Kevin S. Vaz, Director, Memory Training Academy, at the Sophia Bhabha Auditorium.

The programme consisted of lectures, demonstrations, workshops and audio-visuals and

madam im adam

I got to the office the other day to find my secretary, Jean, sitting in front of my desk with her eyes flashing warning signals. One look and I thought, "Oh brother, I've gotta heap of trouble on my plate."

A second later, Jean confirmed this. She said gravely, "The boss looked in. He wants you in his office and he sounded as mad as a tiger with a hornet in its ear."

I cracked my knuckles nervously and said, "Sweetheart, can you tell me exactly what the Old Man said?"

Her eyes smoked over with pity. She said, "The boss said, 'Tell that lazy slob to haul his fanny into my office before he plants it on his chair.'"

I shuddered. "The Old man was a James Gagney fan — he can't help the way he talks."

"Nevertheless," said Jean, "it's serious. So get in there and get it over with. And good luck!"

"Ladybird," I told her, "you don't know just how much I'm gonna need it."

I walked out of the cabin like a man being led to the firing squad. . .

When I got to the Old Man's office, he yelled, "Take a seat and keep very quiet. I'll get around to you when I'm good and ready." I took a seat and kept very quiet.

After keeping quiet for the longest ten minutes of my life, the Old Man moved. He savagely thrust papers aside, banged his fist on the tabletop and snarled, "I understand you handled the Singh deal yesterday." He paused and breathed like a locomotive going up a hill. Then he said, with deceptive softness, "Tell me, how did it go?"

I sighed with relief. "It went like silk," I said. "Mr. Singh signed on the dotted line. His account is ours. It's in the bag."

A pregnant pause! I wondered what the hell was coming next. He then said, gratingly, "I also understand you met him in his flat because he has dysentery or a persistent nose-bleed—I forget which."

I was on safe ground here. "I had his permission to see him there," I said. "It was a persistent nose-bleed and I advised him to soak a rag with vinegar and..."

"Never mind what you advised him, you clot," the boss roared. "What I want to know is this. What methods did you use to get him to sign?"

For a moment I thought he'd plunged off his rocker. What an idiot question to ask.

I decided to let both barrels blaze. "Why," I said, "I quoted our considerable experience, our past successes, our battery of qualified executives, our tried and tested systems, our day-to-day contact..."

"Did he seem impressed?" He sounded like a gardener sawing through an oak.

"Well, no," I said, "but you know Mr. Singh. He's emotionless, cold, calculating. Nobody knows what goes on in his mind."

Silence! But I knew there was more coming. "How long did it take to swing the deal?"

"Oh, about half an hour," I said, throwing my chest out.

"Aha!" said the Old Man, and he banged his fist on the tabletop again. The pictures on the walls quivered. "Then tell me," he hollered, "why the hell were you there a full hour?"

My eyes showed my surprise, which the Old Man took for guilt. Hell, I thought, some stoolie had been shooting his lip off. (I too can talk like James Cagney when I want to.)

"Simple," I said, as if talking to an idiot child. "I had a little chat with Mrs. Singh, that's all."

"No, good man," yelled the boss, "that's not all. The Singhs have a ground floor flat. Someone saw you through a window," he paused and spluttered, "kissing Mrs. Singh. Goddam it, kissing the wife of a client of thirty minutes." I thought his eyeballs were going to roll into my lap.

His guard was down, although he didn't know it. I moved in for the killer-punch.

"Boss," I said, quietly, "there's something you ought to know. Sheila Singh is my wife's married sister. We meet so seldom that I always kiss her when we do."

G'bye now!

Adam

next
week

Eve's Weekly

ISSUE OF JANUARY 21, 1978

THE SPOUSE GAP

"Staying married is a work of art." Continuing the series of Heart-to-Heart features, our marriage counsellor discusses in detail the various differences that can (and often do) exist between husbands and wives, the way they can (and do) affect their relationships, and what to do about them.

POSSIBILITIES FOR INVOLVEMENT

There are several women's groups in Ahmedabad engaged in interesting and useful activities. Wo-

men in Ahmedabad and the surrounding areas have several possibilities for involvement.

FASHION OF THE MONTH

The second of the monthly fashion feature that will enable you to try your luck at winning a fabulous wardrobe at the end of the year. Start collecting your coupons now — you need ten to qualify.



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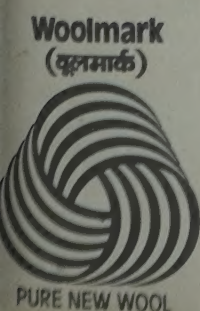


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